

2021 Annual

HEDIS/CAHPS Report

**Comparative Analysis of Audited Results
from TennCare MCOs for Measurement Year (MY) 2020**

Following the MY2020 National Benchmark Release

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Acknowledgements, Acronyms, and Initialisms¹

AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	BC	BlueCare Tennessee SM and BlueCare [®] , independent licensees of the BlueCross BlueShield Association
AAP	Adults' Access to Preventive/ Ambulatory Health Services	BCE, BCM, BCW.....	BC referenced by operational region: East, Middle, or West
ABX	Antibiotic Utilization	BCS	Breast Cancer Screening
ACIP	Advisory Committee on Immunization Practices	BMI	Body Mass Index
ADD.....	Follow-Up Care for Children Prescribed ADHD Medication	BP	Blood Pressure
ADHD	Attention-Deficit/Hyperactivity Disorder	BR	Biased Rate
AG	Amerigroup Community Care, Inc., referred to as Amerigroup	CAHPS [®]	refers to the Consumer Assessment of Healthcare Providers and Systems, a registered trademark of AHRQ
AGE, AGM, AGW	AG referenced by operational region: East (E), Middle (M), or West (W)	CAP	Children and Adolescents' Access to Primary Care Practitioners
AHRQ.....	Agency for Healthcare Research and Quality	CBP	Controlling High Blood Pressure
AIS-E	Adult Immunization Status—ECDS	CCC.....	Children With Chronic Conditions
AMB.....	Ambulatory Care	CCS.....	Cervical Cancer Screening
AMM.....	Antidepressant Medication Management	CDC.....	Comprehensive Diabetes Care
AMR	Asthma Medication Ratio	CHIP.....	Children's Health Insurance Plan
AOD.....	Alcohol or Other Drug	CHL	Chlamydia Screening in Women
APM.....	Metabolic Monitoring for Children and Adolescents on Antipsychotics	CIS	Childhood Immunization Status
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	CKBC	CoverKids BlueCare
ASF-E.....	Unhealthy Alcohol Use Screening and Follow-Up—ECDS	COL	Colorectal Cancer Screening
AWC.....	Adolescent Well-Care Visits	CPA	CAHPS Health Plan Survey 5.0H Adult Version
		CPC.....	CAHPS Health Plan Survey 5.0H Child Version
		CRE	Cardiac Rehabilitation

¹ Other company and product names may be trademarks of the respective companies with which they are associated. The mention of such companies and product names is with due recognition and without intent to misappropriate such names or marks.

Acknowledgements, Acronyms, and Initialisms

COPD.....	Chronic Obstructive Pulmonary Disease	HiB.....	<i>Haemophilus influenzae</i> Type B Vaccine
COU.....	Risk of Continued Opioid Use	HPV.....	Human Papillomavirus Vaccine
CVD.....	Cardiovascular Disease	HrHPV.....	High-Risk Human Papillomavirus
CWP.....	Appropriate Testing for Pharyngitis	IAD.....	Identification of Alcohol and Other Drug Services
DMS-E.....	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults—ECDS	IHS.....	Index Hospital Stays
DRR-E.....	Depression Remission or Response for Adolescents and Adults—ECDS	IET.....	Initiation and Engagement of AOD Abuse or Dependence Treatment
DSF-E.....	Depression Screening and Follow-Up for Adolescents and Adults—ECDS	IMA.....	Immunizations for Adolescents
DTaP.....	Diphtheria, Tetanus, and Acellular Pertussis Vaccination	IP; IPU.....	Inpatient; IP Utilization – General Hospital/Acute Care
ECDS.....	Electronic Clinical Data Systems	IPV.....	Inactivated Polio Vaccine
ED.....	Emergency Department	KED.....	Kidney Health Evaluation for Patients With Diabetes
ENP/ENPA.....	Enrollment by Product Line/ENP Total	LBP.....	Use of Imaging Studies for Low Back Pain
Flu.....	Influenza	LDL-C.....	Low-Density Lipoprotein Cholesterol
FSP.....	Frequency of Selected Procedure	LoS.....	Length of Stay
FUH.....	Follow-Up After Hospitalization for Mental Illness	LSC.....	Lead Screening in Children
FUM.....	Follow-Up After ED Visit for Mental Illness	LTSS.....	Long-Term Services and Supports
FUA.....	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence	LTSS-CAU.....	Comprehensive Assessment and Update
FUI.....	Follow-Up After High-Intensity Care for Substance Use Disorder	LTSS-CPU.....	Comprehensive Care Plan and Update
FVA.....	Flu Vaccinations for Adults Ages 18 to 64	LTSS-RAC.....	Reassessment/Care Plan Update After Inpatient Discharge
HbA1c.....	Hemoglobin A1c	LTSS-SCP.....	Shared Care Plan with Primary Care Practitioner
HDO.....	Use of Opioids at High Dosage	MCO.....	Managed Care Organization
HEDIS®.....	a registered trademark of NCQA that refers to the the Healthcare Effectiveness Data and Information Set	MMA.....	Medication Management for People With Asthma
HepA.....	Hepatitis A Vaccine	MMR.....	Measles, Mumps, and Rubella Vaccine
HepB.....	Hepatitis B Vaccine	MPT.....	Mental Health Utilization
		MSC.....	Medical Assistance With Smoking and Tobacco Use Cessation

Acknowledgements, Acronyms, and Initialisms

MY	Measurement Year	RV	Rotavirus Vaccination
NA	Not Applicable	SAA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia
NB	No Benefit	SMC	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia
NCQA	National Committee for Quality Assurance	SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia
NCQA HEDIS Compliance Audit™	trademark of NCQA	SPC	Statin Therapy for Patients With Cardiovascular Disease
NCS.....	Non-Recommended Cervical Cancer Screening in Adolescent Females	SPD	Statin Therapy for Patients With Diabetes
NR	Not Reported	SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
NQ	Not Required	SSD	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
OB-GYN	Obstetrician-Gynecologist	TennCare	Tennessee Division of TennCare
OD	Opioid Use Disorder	Td; Tdap	Tetanus and Diphtheria Toxoids Vaccine; Td and Acellular Pertussis Vaccine
PBH.....	Persistence of Beta-Blocker Treatment After a Heart Attack	TCS	TennCare <i>Select</i> , operating statewide and administered by BlueCare Tennessee
PCE	Pharmacotherapy Management of COPD Exacerbation	UHC.....	UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare
PCP	Primary Care Practitioner	UHCE, UHCM, UHCW	UHC referenced by operational region: East, Middle, or West
PCR.....	Plan All-Cause Readmissions	UN	Unaudited
PCV	Pneumococcal Conjugate Vaccination	UOP.....	Use of Opioids From Multiple Providers
PDS-E	Postpartum Depression Screening and Follow-Up—ECDS	URI	Upper Respiratory Infection, and the measure: Appropriate Treatment for URI
PMPY	Per Member Per Year	VZV	Chicken Pox/Varicella Zoster Vaccination
PND-E	Prenatal Depression Screening and Follow-Up—ECDS	W15	Well-Child Visits in the First 15 Months of Life
POD.....	Pharmacotherapy for Opioid Use Disorder	W30	Well-Child Visits in the First 30 Months of Life
PPC	Prenatal and Postpartum Care		
PRS-E	Prenatal Immunization Status—ECDS		
Qsource®	a registered trademark		
Quality Compass®	a registered trademark of NCQA, the comprehensive national database of health plans' HEDIS and CAHPS results		
R.....	Reportable		

Acknowledgements, Acronyms, and Initialisms

W34 Well-Child Visits in the Third, Fourth, Fifth,
and Sixth Years of Life

WCC Weight Assessment and Counseling for Nutrition
and Physical Activity for Children/Adolescents

WCV Child and Adolescent Well-Care Visits

Executive Summary

Medicaid managed care organizations (MCOs) are required to report a full Healthcare Effectiveness Data and Information Set (HEDIS) as a part of the accreditation mandates in Tennessee. The HEDIS requirement is an integral part of the accreditation process of the National Committee for Quality Assurance (NCQA). In 2006, Tennessee became the first state in the nation requiring all MCOs to become accredited by NCQA, an independent, not-for-profit organization that assesses and scores MCO performance on important dimensions of care and service in a broad range of health issues.

More than 90% of health plans in America use the HEDIS tool because its standardized measures of MCO performance allow comparisons to national averages and benchmarks as well as between a state's MCOs, and over time. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) set of standardized surveys is included in HEDIS to measure members' satisfaction with their care. This *2021 Annual HEDIS/CAHPS Report* summarizes the results for the MCOs contracting with the Division of TennCare (TennCare), the Medicaid program in Tennessee.

NCQA adopted a new naming convention to reduce confusion about the HEDIS measurement year (MY) and reporting year. Going forward, all HEDIS publication titles will refer to the HEDIS measurement year as "HEDIS Measurement Year [year]," abbreviated as "HEDIS MY[year]." This report, which previously

would have referred to the most recent data as HEDIS 2021, uses the new nomenclature of HEDIS MY2020 to refer to data collected during calendar year 2020 and reported in calendar year 2021. To ensure consistency in the technical specifications and for easier reference to publications issued by NCQA, Qsource has retained NCQA's prior nomenclature to refer to previous years. For example, HEDIS 2020 remains as-is in this report and refers to data collected in MY2019.

For HEDIS 2020, NCQA allowed Medicaid plans to report their audited HEDIS 2019 hybrid rate rather than their HEDIS 2020 hybrid rate to reduce chart retrieval during the COVID-19 pandemic. For HEDIS MY2020, the regular process was followed and plans reported HEDIS MY2020 rates. For an overview of the performance of TennCare's MCOs, the [Statewide Performance](#) section provides a calculated weighted average of the scores of all those reporting. MCO-specific measures are presented in the [Individual Plan Performance](#) section. Weighted average performances of Tennessee's MCOs since 2017 on certain measures are presented in the [HEDIS Trending](#) section. The HEDIS and CAHPS results for Tennessee's Children's Health Insurance Plan (CHIP), CoverKids, are reported separately in a similar format in [CHIP HEDIS/CAHPS Results](#).

[Appendix A](#) contains a comprehensive table of plan-specific results for HEDIS MY2020 Utilization Measures. The tables in [Appendix B](#) reveal populations reported by MCOs in member months by age

and sex for HEDIS MY2020. [Appendix C](#) includes plan-specific results for Measures Collected Using Electronic Clinical Data Systems (ECDS) and Long-Term Services and Supports (LTSS) measures. [Appendix D](#) presents the reporting options for each measure, whether administrative, hybrid, or both, as well as a table

that presents the measurement years MCOs used for HEDIS 2020 hybrid measures. [Appendix E](#) offers additional utilization and risk-adjusted utilization measures and descriptive health plan information for the CHIP, including population in member months.

Background

HEDIS Measures—Domains of Care

HEDIS is an important tool designed to ensure the public has the information needed to reliably compare the performance of managed healthcare plans. Standardized methodologies incorporating statistically valid samples of members ensure the integrity of measure reporting and help purchasers make more reliable, relevant comparisons between health plans. HEDIS measures are subject to a NCQA HEDIS Compliance Audit that must be conducted by an NCQA-certified HEDIS Compliance Auditor under the auspices of an NCQA-licensed organization. This ensures the integrity of the HEDIS collection and calculation process at each MCO through an overall information systems capabilities assessment, followed by an evaluation of the ability to comply with HEDIS specifications.

HEDIS MY2020 assesses care across health systems, access to and satisfaction with healthcare services, and specific utilization through a total of 92 measures (Commercial, Medicare and Medicaid) across six domains of care:

- ◆ Effectiveness of Care
- ◆ Access/Availability of Care
- ◆ Utilization and Risk-Adjusted Utilization
- ◆ Experience of Care (CAHPS Survey Results)
- ◆ Health Plan Descriptive Information
- ◆ Measures Collected Using Electronic Clinical Data Systems (ECDS)

The following brief descriptions of selected HEDIS measures were extracted from NCQA’s *HEDIS Measurement Year 2020 and Measurement Year 2021 Volume 2: Technical Specifications*, which includes additional information related to each measure. The measures presented in this report reflect data submitted from the following domains of care: Effectiveness of Care, Access/Availability of Care, Experience of Care, Utilization and Risk-Adjusted Utilization, Health Plan Descriptive Information, and ECDS. Additional LTSS measures are also included. Per NCQA, the following measures were retired for HEDIS MY2020: Adult BMI Assessment (ABA); Medication Management for People with Asthma (MMA); and Children and Adolescents’ Access to Primary Care Practitioners (CAP).

Effectiveness of Care Measures

The measures in the Effectiveness of Care domain assess the quality of clinical care delivered within an MCO. They address how well the MCO delivers widely accepted preventive services and recommended screening for common diseases.

The domain also includes some measures for overuse and patient safety and addresses four major aspects of clinical care:

1. How well the MCO delivers preventive services and keeps members healthy
2. Whether members are offered the most up-to-date treatments for acute episodes of illness and get better

3. How well the MCO delivers care and assistance with coping to members with chronic diseases
4. Whether members can get appropriate tests

Effectiveness of Care measures are grouped into more specific clinical categories, which may change slightly year to year:

- ◆ Prevention and Screening
- ◆ Respiratory Conditions
- ◆ Cardiovascular Conditions
- ◆ Diabetes
- ◆ Behavioral Health
- ◆ Overuse/Appropriateness
- ◆ Measures collected through the CAHPS Health Plan Survey

Note: Only clinical categories with Medicaid measures are noted here.

Only certain measures from these categories are presented in this report, which does not include the additional category in this domain specific to Medicare. For some measures, eligible members cannot have more than one gap in continuous enrollment of up to 45 days during the measurement year (MY) and members in hospice (General Guideline 20) are excluded.

Prevention and Screening

Immunization measures follow guidelines for immunizations from the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP). HEDIS implements changes (e.g., new recommendations) after three years, to account for the measures' look-back period and to allow the industry time to adapt to new guidelines.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

WCC measures the percentage of members 3 to 17 years of age who had an outpatient visit with a primary care practitioner (PCP) or obstetrician-gynecologist (OB-GYN) and who had evidence of three indicators: BMI percentile documentation, and counseling for nutrition and physical activity during the MY.

Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

For WCC, a total rate and two age stratifications are reported for each indicator:

- ◆ 3–11 years
- ◆ 12–17 years

Childhood Immunization Status (CIS)

CIS assesses the percentage of children who became two years of age during the MY and who had four diphtheria, tetanus, and acellular pertussis vaccines (DTaP); three inactivated polio vaccines (IPV); one measles, mumps, and rubella vaccine (MMR); three *Haemophilus influenzae* type B vaccines (HiB); three hepatitis B (HepB) vaccines; one chicken pox/varicella zoster vaccine (VZV); four pneumococcal conjugate vaccines (PCV); one hepatitis A (HepA) vaccine; two or three rotavirus vaccines (RV); and two influenza vaccines (Flu) by their second birthday.

The measure calculates a rate for each vaccine and nine separate combination rates numbered 2 to 10, as shown in [Table CIS](#).

Table C15. Combination Vaccinations for Childhood Immunization Status (CIS)

#	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Flu
2	✓	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓	✓	✓			
4	✓	✓	✓	✓	✓	✓	✓	✓		
5	✓	✓	✓	✓	✓	✓	✓		✓	
6	✓	✓	✓	✓	✓	✓	✓			✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	✓	✓		✓
9	✓	✓	✓	✓	✓	✓	✓		✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Note: CIS follows the Centers for Disease Control and Prevention and ACIP guidelines for immunizations.

Immunizations for Adolescents (IMA)

IMA measures the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one dose of tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates: meningococcal and Tdap/Td; and meningococcal, Tdap/Td and HPV.

Lead Screening in Children (LSC)

LSC assesses the percentage of children who were 2 years of age during the MY and had one or more capillary or venous lead blood tests for lead poisoning on or before the second birthday. Both the date the test was performed and the result/finding must be documented in the medical record.

Breast Cancer Screening (BCS)

BCS measures the percentage of female members 50 to 74 years of age during the MY who had a mammogram to screen for breast cancer on or between October 1 two years prior to the MY, and through December 31 of the MY.

Cervical Cancer Screening (CCS)

CCS measures the percentage of women 21 to 64 years of age during the MY who were screened for cervical cancer using either of the following criteria:

- ◆ Women age 21–64 who had cervical cytology performed within the last three years
- ◆ Women age 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- ◆ Women age 30–64 who had cervical cytology/hrHPV co-testing performed within the last five years

Chlamydia Screening in Women (CHL)

CHL assesses the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the MY. This measure calculates a total rate as well as two age stratifications:

- ◆ Women age 16–20
- ◆ Women age 21–24

Respiratory Conditions

Appropriate Testing for Pharyngitis (CWP)

CWP measures the percentage of episodes for members ages 3 years and older where the member was diagnosed with

pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode that occurred during the intake period between July 1 of the year prior to the MY and June 30 of the MY. A higher rate represents better performance (i.e., appropriate testing).

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

SPR reports the percentage of members 40 years of age and older with a new diagnosis during the intake period or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis. The first COPD diagnosis must have occurred during the intake period between July 1 of the year prior to the MY and June 30 of the MY.

Pharmacotherapy Management of COPD Exacerbation (PCE)

PCE assesses the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient (IP) discharge or emergency department (ED) visit on or between January 1 and November 30 of the MY and who were dispensed appropriate medications. Two rates are reported:

- ◆ Dispensed a systemic corticosteroid (or evidence of an active prescription) within 14 days of the event
- ◆ Dispensed a bronchodilator (or evidence of an active prescription) within 30 days of the event

Note: The eligible population for this measure is based on acute IP discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Asthma Medication Ratio (AMR)

AMR assesses the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY. This measure calculates a total rate as well as four age stratifications:

- ◆ 5–11 years
- ◆ 12–18 years
- ◆ 19–50 years
- ◆ 51–64 years

Cardiovascular Conditions

Controlling High Blood Pressure (CBP)

CBP reports the percentage of members 18 to 85 years of age who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the MY.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

PBH measures the percentage of members 18 years of age and older during the MY who were hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY with a diagnosis of acute myocardial infarction and who received persistent beta-blocker treatment for six months (at least 135 days of treatment within 180-day interval) after discharge.

Statin Therapy for Patients With Cardiovascular Disease (SPC)

SPC reports the percentage of members identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria:

- ◆ *Received Statin Therapy*—Members who were dispensed at least one high- or moderate-intensity statin medication during the MY
- ◆ *Statin Adherence 80%*—Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period

For SPC, a total rate and two stratifications of gender and age (as of December 31 of the MY) are reported:

- ◆ Males 21–75 years
- ◆ Females 40–75 years

Cardiac Rehabilitation (CRE)

CRE measures the percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.

Four rates are reported:

- ◆ *Initiation*—The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- ◆ *Engagement 1*—The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.

- ◆ *Engagement 2*—The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- ◆ *Achievement*—The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

The measure is reported as a total rate as well as two age stratifications:

- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Diabetes

Comprehensive Diabetes Care (CDC)

The CDC composite of six rates measures an MCO's performance on clinical management in aspects of diabetic care through the percentage of a single sample of diabetic members (type 1 and type 2) 18 to 75 years of age who met the criteria by having the following during the MY:

- ◆ Hemoglobin A1c (HbA1c) blood test
- ◆ Poorly controlled diabetes (HbA1c >9.0%)
- Note: a lower rate indicates better performance (i.e., low rates of poor control indicate better care)*
- ◆ Controlled diabetes (most recent HbA1c <8.0%)
- ◆ Eye exam (retinal)
- ◆ Medical attention for nephropathy*
- ◆ Controlled blood pressure (<140/90 mm Hg)

* Medicare product line only

Kidney Health Evaluation for Patients With Diabetes (KED)

KED reports the percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year. The measure is reported as a total rate as well as three age stratifications:

- ◆ 18–64 years
- ◆ 65–74 years
- ◆ 75–85 years

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Statin Therapy for Patients With Diabetes (SPD)

SPD reports the percentage of members 40 to 75 years of age with diabetes during the MY who do not have ASCVD and met the following criteria reported as two rates:

- ◆ *Received Statin Therapy*—Members who were dispensed at least one statin medication of any intensity during the MY
- ◆ *Statin Adherence 80%*—Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Behavioral Health

Antidepressant Medication Management (AMM)

AMM measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a

diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- ◆ *Effective Acute Phase Treatment*—The percentage who remained on an antidepressant medication for at least 84 days (12 weeks)
- ◆ *Effective Continuation Phase Treatment*—The percentage who remained on an antidepressant medication for at least 180 days (6 months)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

ADD assesses the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of these visits must have been within 30 days of the earliest ambulatory prescription dispensed for ADHD medication, at which time the member must have been 6 to 12 years of age. Two rates are reported:

- ◆ *Initiation Phase*—The percentage who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase
- ◆ *Continuation and Maintenance Phase*—The percentage who remained on the medication for at least 210 days and who, in addition to the Initiation Phase follow-up, had at least two follow-up visits with a practitioner within 270 days (nine months) of the end of the Initiation Phase

Follow-Up After Hospitalization for Mental Illness (FUH)

FUH examines continuity of care for mental illness through the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported as the percentage of discharges for which the member received follow-up within the following:

- ◆ 7 days after discharge
- ◆ 30 days after discharge

This measure is reported as a total rate as well as three age stratifications:

- ◆ 6–17 years
- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

FUM is the percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

- ◆ 7 days of ED visit
- ◆ 30 days of ED visit

This measure is reported as a total rate as well as three age stratifications:

- ◆ 6–17 years
- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

FUI is the percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported as the percentage of high-intensity care visits or discharges in which the member received follow-up within the following:

- ◆ 7 days after visit or discharge
- ◆ 30 days after visit or discharge

This measure is reported as a total rate as well as three age stratifications:

- ◆ 13–17 years
- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

FUA is the percentage of ED visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for

AOD. Two rates are reported as the percentage of ED visits for which the member received follow-up within the following:

- ◆ 7 days of ED visit
- ◆ 30 days of ED visit

For FUA, a total rate and two age stratifications are reported:

- ◆ 13–17 years
- ◆ 18 years and older

Pharmacotherapy for Opioid Use Disorder (POD)

POD is the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days for members ages 16 years and older with a diagnosis of OUD. The measure is reported as a total rate as well as two age stratifications:

- ◆ 16–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

SSD measures the percentage of members 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the MY.

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

SMD is the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder, and diabetes who had

both a low-density lipoprotein cholesterol (LDL-C) test and an HbA1c test during the MY.

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

SMC reports the percentage of members 18 to 64 years of age with schizophrenia or schizoaffective disorder, and cardiovascular disease (CVD) who had an LDL-C test during the MY.

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

SAA assesses the percentage of members with schizophrenia or schizoaffective disorder who were 18 years and older during the MY who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

APM measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported as the percentage of children and adolescents on antipsychotics who received the following:

- ◆ Blood glucose testing
- ◆ Cholesterol testing
- ◆ Blood glucose *and* cholesterol testing

The measure calculates a total rate as well as two age stratifications:

- ◆ 1–11 years
- ◆ 12–17 years

Overuse/Appropriateness**Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**

NCS records the percentage of adolescent females 16 to 20 years of age who were screened unnecessarily for cervical cancer.

Note: A lower rate indicates better performance.

Appropriate Treatment for Upper Respiratory Infection (URI)

URI measures the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic prescription. This measure is reported as an inverted rate [1 - (numerator/ eligible population)], with a higher rate indicating appropriate treatment with URI (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

The measure calculates a total rate as well as three age stratifications:

- ◆ 3 months–17 years
- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

AAB reports the percentage of episodes for members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic prescription. This measure is reported as an inverted rate [1 - (numerator/eligible population)],

with a higher rate indicating appropriate treatment of acute bronchitis/bronchiolitis (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

The measure calculates a total rate as well as three age stratifications:

- ◆ 3 months–17 years
- ◆ 18–64 years
- ◆ 65 years and older

Note: Rates for adults ≥65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Use of Imaging Studies for Low Back Pain (LBP)

LBP assesses the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is reported as an inverted rate [1 - (numerator/ eligible population)], with a higher rate indicating an appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Use of Opioids at High Dosage (HDO)

The proportion of members 18 years and older who received prescription opioids for ≥15 days during the MY at a high dosage (average morphine milligram equivalent dose [MME] ≥90 mg).

Note: A lower rate indicates better performance.

Use of Opioids from Multiple Providers (UOP)

For members 18 and older, the proportion receiving prescription opioids for ≥ 15 days from four or more different prescribers and/or pharmacies during the MY. Three rates are reported:

- ◆ Multiple Prescribers
- ◆ Multiple Pharmacies
- ◆ Multiple Prescribers and Multiple Pharmacies

Note: A lower rate indicates better performance for all three rates.

Risk of Continued Opioid Use (COU)

COU is the percentage of members 18 years of age and older who had a new episode of opioid use that puts them at risk of continued opioid use. Two rates are reported by length of opioid use:

- ◆ ≥ 15 days/30-day period
- ◆ ≥ 31 days/62-day period

Note: For this measure, a lower rate indicates better performance.

Measures Collected Through CAHPS Health Plan Survey

Flu Vaccinations for Adults Ages 18 to 64 (FVA)

FVA reports the percentage of members 18 to 64 years of age who received a flu vaccination between July 1 of the MY and the date when the CAHPS Health Plan Survey 5.0H Adult Version (CPA) was completed.

Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

This measure's collection methodology arrives at a rolling average that represents the percentage of members 18 years of age and older who were current smokers or tobacco users seen during the MY. MSC assesses the following facets of providing medical assistance with smoking and tobacco use cessation:

- ◆ *Advising Smokers and Tobacco Users to Quit*—Those who received advice to quit
- ◆ *Discussing Cessation Medications*—Those for whom cessation medications were recommended or discussed
- ◆ *Discussing Cessation Strategies*—Those for whom cessation methods or strategies were provided or discussed

Percentage of Current Smokers and Tobacco Users is not a HEDIS performance measure, but provides additional information to support analysis of other MSC data. The MCOs started reporting these data in 2015 in CAHPS results; subsequently, the rates have been added to this report.

Access/Availability of Care Measures

The measures in the Access/Availability of Care domain evaluate how members access important and basic services of their MCO. Included are measures of overall access, how many members are actually using basic MCO services, and the use and availability of specific services.

Adults' Access to Preventive/Ambulatory Health Services (AAP)

This measures the percentage of members 20 years and older who had an ambulatory or preventive care visit during the MY to assess whether adult members have access to/receive such services. MCOs report a total rate and three age stratifications:

- ◆ 20–44 years
- ◆ 45–64 years
- ◆ 65 years and older

Note: Rates for adults ≥ 65 years are Medicare provisions excluded in this report along with the total rate, which includes this age group.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

IET assesses the percentage of adolescent and adult members aged 13 years and older who had a new episode of AOD abuse or dependence and received the following:

- ◆ *Initiation of AOD Treatment*—Initial treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.
- ◆ *Engagement of AOD Treatment*—Initial treatment as well as ongoing treatment (i.e., at least one engagement medication treatment event or at least two engagement visits) within 34 days of the initiation visit.

MCOs report a total rate and two age stratifications for each:

- ◆ 13–17 years
- ◆ ≥ 18 years

Prenatal and Postpartum Care (PPC)

PPC measures the percentage of live birth deliveries on or between October 8 of the year prior to the MY and October 7 of the MY. For these women, the composite assesses the percentage of deliveries where members received the following:

- ◆ *Timeliness of Prenatal Care*—A prenatal care visit in the first trimester on or before the MCO enrollment start date or within 42 days of enrollment.
- ◆ *Postpartum Care*—A postpartum visit on or between 7 and 84 days after delivery.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

APP measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. MCOs report a total rate and two age stratifications:

- ◆ 1–11 years
- ◆ 12–17 years

Utilization and Risk-Adjusted Utilization

This domain consists of utilization measures designed to capture the frequency of certain services provided for MCOs' internal evaluation only; NCQA does not view higher or lower service counts as indicating better or worse performance.

Utilization includes two kinds of measures:

- ◆ Measures that express rates of service in per 1,000 member years/months (defined/reported in Appendix A)
- ◆ Measures as percentages of members receiving specified services (similar to Effectiveness of Care Domain, defined in this section with data in the Results tables)

Well-Child Visits in the First 30 Months of Life (W30)

W30 reports the percentage of members who had a particular number of well-child visits with a PCP during the last 15 months. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain. Two rates are reported:

- ◆ *First 15 Months*—Children who turned 15 months old during the measurement year: six or more well-child visits.
- ◆ *Age 15 Months–30 Months*—Children who turned 30 months old during the measurement year: two or more well-child visits.

Note: For HEDIS MY2020, W30 replaces the former measure Well-Child Visits in the First 15 Months of Life (W15).

Child and Adolescent Well-Care Visits (WCV)

WCV reports the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. This measure uses the same structure and calculation guidelines as those in the [Effectiveness of Care](#) domain. A total rate as well as three age stratifications are reported:

- ◆ 3–11 years
- ◆ 12–17 years
- ◆ 18–21 years

Note: For HEDIS MY2020, WCV replaces the former measures Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC).

Risk-Adjusted Utilization measures are for commercial or Medicare lines, except for the following measure:

Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, PCR reports the number of acute inpatient and observation stays during the MY that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

- ◆ Count of Index Hospital Stays (IHS) (denominator)
- ◆ Count of Observed 30-Day Readmissions (numerator)
- ◆ Count of Expected 30-Day Readmissions

Experience of Care

For a plan's results in this domain to be considered reliable, the Medicaid MCO must follow one of the standard CAHPS protocols or an enhanced protocol approved by NCQA. Details regarding this calculation methodology and the questions used in each composite are included in *HEDIS Measurement Year 2020 Volume 3: Specifications for Survey Measures*.

CAHPS Health Plan Survey 5.0H Adult Version (CPA) and 5.0H Child Version (CPC)

The CPA and CPC are tools for measuring consumer healthcare satisfaction with the quality of care and customer service provided by their MCOs. These survey tools include four composites asked of members (CPA) or parents of child members (CPC):

- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ Customer Service
- ◆ How Well Doctors Communicate

Each composite category represents an overall aspect of plan quality and how well the MCO meets members' expectations.

There are four global rating questions that use a 0–10 scale to assess overall experience:

- ◆ Rating of All Healthcare
- ◆ Rating of Personal Doctor
- ◆ Rating of Specialist Seen Most Often
- ◆ Rating of Health Plan

A single question reflects experience of care in the Coordination of Care area.

For these scaled responses, a zero represents the ‘worst possible’ and 10 represents the ‘best possible’ healthcare received in the last six months. Summary rates represent the percentage of members who responded with a 9 or 10. Additional questions use the same calculations. For any given CPA and CPC question used in a composite, the percentage of respondents answering in a certain way is calculated for each MCO. Summary rates represent the percentage of members who responded in the most positive way, as defined by NCQA. The following descriptions provide a brief explanation of the five composite categories.

Getting Needed Care

The Getting Needed Care Composite measures the ease with which members were able to access care, tests, or treatments needed in the last 6 months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

Getting Care Quickly

The Getting Care Quickly Composite measures the ease with which members were able to access care quickly, including getting appointments as soon as needed, in the last 6 months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

How Well Doctors Communicate

The How Well Doctors Communicate Composite evaluates provider-patient communications for the last 6 months by asking members how often their personal doctor listens carefully, explains things in a way to easily understand, shows respect for what they have to say and spends enough time with them. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

Customer Service

The Customer Service Composite measures how often members were able to get information and help from an MCO and how well they were treated by the MCO’s customer service in the last 6 months. The summary rate represents the percentage of members who responded ‘Always’ or ‘Usually’ to specified questions.

Children With Chronic Conditions (CCC)

The CAHPS Consortium decided in 2002 to integrate a new set of items in the 3.0H version of the CAHPS Health Plan Survey child questionnaires (now 5.0H) to better address the needs of children with chronic conditions, commonly referred to as children with special healthcare needs. CCC is designed for children with a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that generally required by children. Three composites summarize parents’ satisfaction with basic components of care essential for successful treatment, management and support of children with chronic conditions:

- ◆ Access to Specialized Services
- ◆ Family Centered Care: Personal Doctor Who Knows Child
- ◆ Coordination of Care for CCC

Summary rates are reported for each composite and are reported individually for two concepts:

- ◆ Access to Prescription Medicines
- ◆ Family Centered Care: Getting Needed Information

As of 2020, NCQA no longer produces general population results for the CCC population, and no longer produces CCC results for the general population.

Health Plan Descriptive Information Measures

These measures help describe an MCO's structure, staffing and enrollment—factors that contribute to its ability to provide effective healthcare to Medicaid members.

Enrollment by Product Line (ENP)

ENP reports the total number of members enrolled in the product line, stratified by age and gender (for the MCOs, reported as ENPA [ENP Total] Medicaid). These results are included in [Appendix B](#) as population in member months by MCO and Tennessee Grand Region served.

Measures Reported Using Electronic Clinical Data Systems (ECDS)

This domain requires automated and accessible data by the healthcare team at the point of care, data shared between clinicians and health plans to promote quality improvement across the care continuum. To qualify for HEDIS ECDS reporting, the data must use standard layouts, meet the measure specification requirements and the information must be accessible by the care team responsible for the member's healthcare needs.

NCQA does not require these measures to be reported. **BC**, **TCS**, and **UHC** reported results, which are presented in [Appendix C](#). For HPA results, see [Appendix E](#).

Breast Cancer Screening (BCS-E)

BCS-E measures the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer during the MY.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

ADD-E measures the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- ◆ *Initiation Phase*—The percentage of members 6–12 years of age as of the Index Prescription Start Date (IPSD) with

an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

- ◆ *Continuation and Maintenance (C&M) Phase*—The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

DSF-E measures the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Two rates are reported:

- ◆ *Depression Screening*—The percentage of members who were screened for clinical depression using a standardized instrument.
- ◆ *Follow-Up on Positive Screen*—The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

DMS-E measures the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record

in the same assessment period as the encounter. Four rates are reported:

- ◆ *Assessment Period 1*—January 1–April 30
- ◆ *Assessment Period 2*—May 1–August 31
- ◆ *Assessment Period 3*—September 1–December 31
- ◆ *Total*

Depression Remission or Response for Adolescents and Adults (DRR-E)

DRR-E measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score. Three rates are reported:

- ◆ *Follow-Up PHQ-9*—The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
- ◆ *Depression Remission*—The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
- ◆ *Depression Response*—The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)

ASF-E measures the percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. Two rates are reported:

- ◆ *Unhealthy Alcohol Use Screening*—The percentage of members who had a systematic screening for unhealthy alcohol use.
- ◆ *Alcohol Counseling or Other Follow-Up Care*—The percentage of members receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.

Adult Immunization Status (AIS-E)

AIS-E measures the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), and zoster. MCOs reported three rates:

- ◆ Influenza
- ◆ Td or Tdap
- ◆ Zoster

Prenatal Immunization Status (PRS-E)

PRS-E reports the percentage of deliveries in the MY in which women had received influenza and Tdap vaccinations. Three rates are reported:

- ◆ Influenza
- ◆ Tdap
- ◆ Combination—
influenza *and* Tdap

Prenatal Depression Screening and Follow-Up (PND-E)

PND-E assesses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. Two rates are reported:

- ◆ *Depression Screening*: The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- ◆ *Follow-Up on Positive Screen*: The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.

Postpartum Depression Screening and Follow-Up (PDS-E)

PDS-E measures the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported.

- ◆ *Depression Screening*: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- ◆ *Follow-Up on Positive Screen*: The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression.

Long-Term Services and Supports (LTSS) Measures

Starting in 2020, TennCare required MCOs to submit statewide LTSS measure results, which are presented in this report in [Appendix C](#). HEDIS LTSS measures are currently not required by NCQA to be audited.

Comprehensive Assessment and Update (LTSS-CAU)

LTSS-CAU measures the percentage of LTSS organization members 18 years of age and older who have documentation of a comprehensive LTSS assessment in a specified timeframe that includes documentation of core elements. Two rates are reported:

- ◆ *Assessment of Core Elements*—Members who had a comprehensive LTSS assessment with 9 core elements documented within 90 days of enrollment (for new members) or during the MY (for established members).
- ◆ *Assessment of Supplemental Elements*—Members who had a comprehensive LTSS assessment with 9 core elements and at least 12 supplemental elements documented within 90 days of enrollment (for new members) or during the MY (for established members).

Comprehensive Care Plan and Update (LTSS-CPU)

LTSS-CPU measures the percentage of LTSS organization members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified time frame that includes core elements. Two rates are reported:

- ◆ *Care Plan With Core Elements Documented*—Members who had a comprehensive LTSS care plan with 9 core elements documented within 120 days of enrollment (for new members) or during the MY (for established members).
- ◆ *Care Plan With Supplemental Elements Documented*—Members who had a comprehensive LTSS care plan with 9 core elements and at least 4 supplemental elements

documented within 120 days of enrollment (for new members) or during the MY (for established members).

Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)

LTSS-RAC measures the percentage of discharges from inpatient facilities for LTSS organization members 18 years of age and older for whom a reassessment and care plan update occurred within 30 days of discharge. Two rates are reported:

- ◆ *Reassessment After Inpatient Discharge*—The percentage of discharges from inpatient facilities resulting in an LTSS reassessment within 30 days of discharge.
- ◆ *Reassessment and Care Plan Update After Inpatient Discharge*—The percentage of discharges from inpatient facilities resulting in a LTSS reassessment and care plan update within 30 days of discharge.

Shared Care Plan With Primary Care Practitioner (LTSS-SCP)

LTSS-SCP measures the percentage of LTSS organization members ages 18 years and older with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the member within 30 days of its development.

Medicaid Results

Statewide Performance

In conjunction with NCQA accreditation, TennCare MCOs are required to submit a full set of audited HEDIS measures to NCQA and TennCare each year. For HEDIS MY2020, this included the statewide MCO TennCareSelect (TCS), and three statewide MCOs operating in each respective Grand Region (East, Middle and West): Amerigroup Community Care, Inc., as Amerigroup (AG—AGE, AGM, and AGW); BlueCare Tennessee (BC—BCE, BCM, and BCW); and UnitedHealthcare Community Plan, Inc., abbreviated as UnitedHealthcare (UHC—UHCE, UHCM, and UHCW).

Note: This report, which previously would have referred to the most recent data as HEDIS 2021, uses NCQA’s new naming convention of HEDIS MY2020 to refer to data collected during calendar year 2020 and reported in calendar year 2021. To ensure consistency in the technical specifications and for easier reference to publications issued by NCQA, Qsource has retained NCQA’s prior nomenclature to refer to previous years. For example, HEDIS 2020 remains as-is in this report and refers to data collected in MY2019.

Tables 1.a, 1.b, 2, and 3 summarize the weighted average TennCare score for each of the HEDIS 2020 and HEDIS MY2020 measures. Weighted state rates are determined by applying the size of the eligible population within each plan to overall results. Using this methodology, plan-specific findings contribute to the TennCare statewide estimate, proportionate to eligible population size.

In Tables 1.a, 1.b, 2, and 3, the column titled “Change from HEDIS 2020 to HEDIS MY2020” indicates whether there was an improvement (▲), a decline (▼), or no change (↔) in statewide performance from HEDIS 2020 to HEDIS MY2020 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported.

Each year, some measures’ technical specifications change. Based on whether the changes are significant or minor, the measures may need to be trended with caution or may not be able to be trended. This version of the 2021 Annual HEDIS/CAHPS Report was prepared following the release of the NCQA National Benchmarks for MY2020, although certain protected data were not included so that the report may be shared publicly.

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Prevention and Screening			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*:			
BMI Percentile: 3–11 Years	81.53%	80.87%	↓
12–17 Years	78.67%	77.88%	↓
Total	80.51%	79.82%	↓
Counseling for Nutrition: 3–11 Years	72.43%	71.85%	↓
12–17 Years	67.63%	67.15%	↓
Total	70.68%	70.20%	↓
Counseling for Physical Activity: 3–11 Years	66.18%	65.79%	↓
12–17 Years	67.89%	65.37%	↓
Total	66.74%	65.65%	↓
Childhood Immunization Status (CIS):			
DTaP/DT	76.70%	72.44%	↓
IPV	91.37%	88.15%	↓
MMR	88.90%	85.67%	↓
HiB	88.30%	84.56%	↓
HepB	91.62%	89.78%	↓
VZV	88.86%	85.05%	↓
PCV	78.90%	74.61%	↓
HepA	88.07%	84.82%	↓
RV	74.48%	71.20%	↓
Influenza	44.68%	43.98%	↓
Combination 2	74.51%	70.52%	↓
Combination 3	72.02%	67.88%	↓
Combination 4	71.63%	67.44%	↓
Combination 5	63.16%	58.96%	↓
Combination 6	39.43%	38.63%	↓

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Combination 7	62.88%	58.66%	↓
Combination 8	39.30%	38.45%	↓
Combination 9	35.74%	34.71%	↓
Combination 10	35.66%	34.64%	↓
Immunizations for Adolescents (IMA):			
Meningococcal	78.68%	76.51%	↓
Tdap/Td	87.90%	84.69%	↓
HPV	33.71%	33.95%	↑
Combination 1	78.02%	75.55%	↓
Combination 2	32.49%	32.74%	↑
Lead Screening in Children (LSC)			
Breast Cancer Screening (BCS)*	54.83%	51.98%	↓
Cervical Cancer Screening (CCS)*	64.06%	59.65%	↓
Chlamydia Screening in Women (CHL):			
16–20 Years	52.75%	48.78%	↓
21–24 Years	61.69%	55.72%	↓
Total	56.17%	51.60%	↓
Respiratory Conditions			
Appropriate Testing for Pharyngitis (CWP)*			
3–17 Years	88.08%	88.72%	↑
18–64 Years	74.22%	76.44%	↑
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)			
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic Corticosteroid	59.73%	67.75%	↑
Bronchodilator	76.33%	79.90%	↑
Asthma Medical Ratio (AMR):			
5–11 Years	81.15%	82.18%	↑

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
12–18 Years	73.01%	74.71%	↑
19–50 Years	50.82%	52.86%	↑
51–64 Years	51.89%	50.82%	↓
Total	69.24%	69.41%	↑
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)**		62.67%	
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	78.07%	82.83%	↑
Statin Therapy for Patients with Cardiovascular Disease (SPC)*:			
Received Statin Therapy: Males 21–75 Years	78.16%	79.04%	↑
Females 40–75 Years	74.76%	76.60%	↑
Total	76.48%	77.81%	↑
Statin Adherence 80%: Males 21–75 Years	59.53%	69.74%	↑
Females 40–75 Years	57.45%	68.15%	↑
Total	58.52%	68.95%	↑
Cardiac Rehabilitation (CRE)***: 18–64 Years			
Initiation		2.07%	
Engagement 1		1.47%	
Engagement 2		1.02%	
Achievement		0.46%	
Diabetes			
Comprehensive Diabetes Care (CDC):			
HbA1c Testing*	86.57%	86.05%	↓
HbA1c Control (<8.0%)*	52.57%	50.53%	↓
Retinal Eye Exam Performed*	51.28%	47.39%	↓
Blood Pressure Control (<140/90 mm Hg)**		63.02%	
Kidney Health Evaluation for Patients With Diabetes (KED)***: 18–64 Years		26.70%	

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Statin Therapy for Patients with Diabetes (SPD)*:			
Received Statin Therapy	60.80%	63.48%	↑
Statin Adherence 80%	54.19%	66.04%	↑
Behavioral Health			
Antidepressant Medication Management (AMM):			
Effective Acute Phase Treatment	49.53%	49.91%	↑
Effective Continuation Phase Treatment	33.10%	34.70%	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD)*:			
Initiation Phase	46.13%	48.39%	↑
Continuation and Maintenance Phase	59.32%	62.33%	↑
Follow-Up After Hospitalization for Mental Illness (FUH)*:			
7-Day Follow-Up: 6–17 Years	51.20%	51.20%	↔
18–64 Years	33.50%	38.06%	↑
30-Day Follow-Up: 6–17 Years	73.11%	72.82%	↓
18–64 Years	55.42%	58.17%	↑
Follow-Up After Emergency Department Visit for Mental Illness (FUM)*:			
7-Day Follow-Up: 6–17 Years	47.88%	48.26%	↑
18–64 Years	34.95%	33.08%	↓
30-Day Follow-Up: 6–17 Years	67.74%	67.09%	↓
18–64 Years	50.07%	48.31%	↓
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)*:			
7-Day Follow-Up: 13–17 Years	6.35%	7.65%	↑
18–64 Years	42.26%	48.86%	↑
30-Day Follow-Up: 13–17 Years	18.25%	19.39%	↑
18–64 Years	62.03%	70.35%	↑
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)*:			
7-Day Follow-Up: 13–17 Years	2.88%	4.16%	↑

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
18 Years and Older	5.23%	5.97%	↑
Total	5.04%	5.84%	↑
30-Day Follow-Up: 13–17 Years	5.75%	5.30%	↓
18 Years and Older	8.24%	9.90%	↑
Total	8.04%	9.57%	↑
Pharmacotherapy for Opioid Use Disorder (POD)*: 16–64 Years	16.05%	34.47%	↑
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	85.00%	79.54%	↓
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	74.67%	70.57%	↓
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	84.51%	75.82%	↓
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	59.12%	64.11%	↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):			
Blood Glucose Testing: 1–11 Years	46.97%	38.90%	↓
12–17 Years	64.07%	56.05%	↓
Total	58.05%	50.38%	↓
Cholesterol Testing: 1–11 Years	37.77%	31.40%	↓
12–17 Years	47.29%	40.97%	↓
Total	43.94%	37.81%	↓
Blood Glucose and Cholesterol Testing: 1–11 Years	34.11%	27.35%	↓
12–17 Years	44.59%	38.17%	↓
Total	40.90%	34.59%	↓
Overuse/Appropriateness			
Appropriate Treatment for Upper Respiratory Infection (URI):			
3 Months–17 Years	86.22%	88.25%	↑
18–64 Years	67.89%	72.44%	↑
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):			
3 Months–17 Years	62.99%	67.00%	↑

Table 1.a. HEDIS MY2020 Weighted State Rates: Effectiveness of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
18–64 Years	37.22%	39.68%	↑
Use of Imaging Studies for Low Back Pain (LBP)	68.32%	68.27%	↓
Measures Collected Though CAHPS			
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	44.72%	37.83%	↓
Medical Assistance With Smoking and Tobacco Use Cessation (MSC):			
Advising Smokers and Tobacco Users to Quit	80.74%	78.13%	↓
Discussing Cessation Medications	49.84%	47.50%	↓
Discussing Cessation Strategies	44.21%	43.35%	↓
Supplemental Data - % Current Smokers†	36.98%	35.68%	↓

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS MY2020.

*** First-year measure for HEDIS MY2020.

† For this measure, the rate is not intended to indicate good or poor performance, but for informative purposes to monitor the population of current smokers.

For the Effectiveness of Care Measures presented in **Table 1.b**, a lower rate is an indication of better performance (↑). A decrease in rates from the prior year also indicates improvement.

Table 1.b. HEDIS MY2020 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Diabetes			
Comprehensive Diabetes Care (CDC):			
HbA1c Poor Control (>9.0%)*	37.76%	39.28%	↓
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	1.30%	0.88%	↑
Use of Opioids at High Dosage (HDO)*	6.19%	5.70%	↑

Table 1.b. HEDIS MY2020 Weighted State Rates: Measures Where Lower Rates Indicate Better Performance			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Use of Opioids From Multiple Providers (UOP)*:			
Multiple Prescribers	23.60%	20.59%	↑
Multiple Pharmacies	2.72%	1.58%	↑
Multiple Prescribers and Pharmacies	1.20%	0.84%	↑
Risk of Continued Opioid Use (COU)*:			
18–64 Years: ≥15 days/30-day period	1.65%	2.42%	↓
≥ 31 days/62-day period	1.36%	2.00%	↓

*NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

Table 2 summarizes results for the Access/Availability Domain of Care.

Table 2. HEDIS MY2020 Weighted State Rates: Access/Availability of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Adults' Access to Preventive/Ambulatory Health Services (AAP):			
20–44 Years	79.14%	76.45%	↓
45–64 Years	87.66%	86.06%	↓
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment*:			
13–17 Years: Alcohol	47.60%	45.80%	↓
Opioid	53.19%	67.65%	↑
Other drug	47.08%	48.44%	↑
Total	46.09%	47.05%	↑
18+ Years: Alcohol	47.63%	47.56%	↓
Opioid	58.88%	61.38%	↑
Other drug	47.89%	48.23%	↑
Total	48.93%	50.26%	↑
Initiation Total: Alcohol	47.63%	47.51%	↓

Table 2. HEDIS MY2020 Weighted State Rates: Access/Availability of Care Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Opioid	58.85%	61.40%	↑
Other drug	47.81%	48.25%	↑
Total	48.77%	50.08%	↑
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment*:			
13–17 Years: Alcohol	20.40%	14.88%	↓
Opioid	21.28%	17.65%	↓
Other drug	23.28%	24.43%	↑
Total	21.98%	22.91%	↑
18+ Years: Alcohol	11.77%	13.54%	↑
Opioid	30.58%	33.77%	↑
Other drug	14.52%	14.43%	↓
Total	17.69%	19.15%	↑
Engagement Total: Alcohol	12.01%	13.58%	↑
Opioid	30.53%	33.71%	↑
Other drug	15.32%	15.31%	↓
Total	17.94%	19.36%	↑
Prenatal and Postpartum Care (PPC)*:			
Timeliness of Prenatal Care	83.68%	81.92%	↓
Postpartum Care	70.20%	72.67%	↑
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):			
1–11 Years	61.27%	57.34%	↓
12–17 Years	63.04%	59.75%	↓
Total	62.34%	58.88%	↓

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

Table 3 summarizes results for the Utilization measures included in the Utilization and Risk-Adjusted Utilization Domain of Care.

Table 3. HEDIS MY2020 Weighted State Rates: Utilization Measures			
Measure	Weighted State Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Well-Child Visits in the First 30 Months of Life (W30)^{††}:			
First 15 Months ^{**}		53.55%	
15 Months–30 Months		67.69%	
Child and Adolescent Well-Care Visits (WCV)^{††}:			
3–11 Years ^{**}		58.78%	
12–17 Years ^{**}		49.98%	
18–21 Years ^{**}		25.88%	
Total^{**}		51.18%	

^{††} Revised and renamed measures for HEDIS MY2020.

^{**}NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS MY2020.

Individual Plan Performance—HEDIS Measures

This section is intended to provide an overview of individual plan performance using appropriate and available comparison data. The results highlight those areas where each MCO is performing in relation to the MY2020 NCQA National Benchmarks for select MCO-reported HEDIS measures. Qsource uses these data to determine overall TennCare plan performance in a distribution of statistical values that represent the lowest to highest percentiles achieved. For example, the 50th percentile represents the point at which half of the reported rates are below and half of the reported rates are above that value.

[Tables 5.a](#), [5.b](#), [6](#), and [7](#) display the plan-specific performance rates for each measure selected from the Effectiveness of Care, Access/Availability of Care, and Utilization and Risk-Adjusted Utilization domains. **Table 4** details the potential color-coding and measure designations used in the tables to indicate the MCO percentile achieved, and provides additional related information. While Medical Assistance With Smoking and Tobacco Use Cessation is an Effectiveness of Care measure, results are reported through the CPA, as noted in [Tables 1.a](#) and [5.a](#).

Table 4. HEDIS MY2020 Measure Designations

Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
	No Rating Available	Benchmarking data not available
Measure Designation	Definition	
R	Reportable: a reportable rate was submitted for the measure.	
NA	Not Applicable: the MCO followed the specifications, but the denominator was too small (<30) to report a valid rate; thus, results are not presented.	
NB	No Benefit: the MCO did not offer the health benefit required by the measure (e.g., mental health, chemical dependency).	
NR	Not Reported: the MCO chose not to report the measure.	
NQ	Not Required: the MCO was not required to report the measure.	
BR	Biased Rate: the calculated rate was materially biased.	
UN	Un-Audited: the MCO chose to report a measure that is not required to be audited. This result applies to only a limited set of measures.	

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Prevention and Screening										
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*:										
BMI Percentile: 3–11 Years	77.73%	83.11%	70.63%	86.78%	79.48%	86.27%	85.43%	74.33%	79.15%	83.27%
12–17 Years	71.61%	80.00%	78.87%	75.59%	76.76%	81.90%	78.71%	73.33%	84.87%	78.38%
Total	75.43%	82.24%	73.48%	82.77%	78.44%	84.91%	82.04%	73.97%	81.27%	81.51%
Counseling for Nutrition: 3–11 Years	70.31%	78.38%	60.97%	76.21%	69.87%	69.02%	67.34%	68.97%	74.90%	72.62%
12–17 Years	61.29%	73.04%	65.49%	68.50%	66.90%	62.93%	59.90%	63.33%	76.97%	66.22%
Total	66.91%	76.89%	62.53%	73.45%	68.73%	67.12%	63.59%	66.91%	75.67%	70.32%
Counseling for Physical Activity: 3–11 Years	66.41%	69.93%	55.76%	67.40%	66.38%	62.75%	60.80%	63.22%	69.50%	67.68%
12–17 Years	59.35%	69.57%	61.97%	62.20%	68.31%	65.52%	55.45%	61.33%	78.29%	64.86%
Total	63.75%	69.83%	57.91%	65.54%	67.12%	63.61%	58.10%	62.53%	72.75%	66.67%
Childhood Immunization Status (CIS):										
DTaP/DT	72.99%	78.35%	63.26%	79.56%	70.32%	64.96%	63.26%	76.40%	78.35%	62.04%
IPV	87.83%	89.54%	84.18%	92.94%	86.37%	84.18%	81.75%	90.02%	91.73%	84.18%
MMR	83.94%	85.64%	82.97%	91.24%	84.91%	81.51%	74.70%	87.83%	89.78%	81.75%
HiB	84.43%	86.37%	78.83%	88.81%	82.73%	81.27%	77.37%	87.10%	89.29%	79.32%
HepB	91.00%	89.78%	88.56%	93.43%	88.32%	88.32%	84.18%	90.75%	91.73%	84.91%
VZV	84.18%	85.16%	82.97%	89.54%	84.91%	81.27%	74.45%	86.62%	88.56%	81.75%
PCV	73.72%	79.08%	64.96%	81.75%	72.26%	68.37%	65.21%	79.08%	82.48%	62.77%
HepA	83.70%	85.64%	82.73%	89.05%	84.18%	81.27%	75.91%	86.62%	88.08%	81.02%
RV	72.26%	72.75%	64.48%	74.94%	70.80%	65.21%	49.64%	77.13%	80.05%	65.94%
Flu	42.34%	53.77%	33.09%	46.47%	47.93%	30.17%	47.93%	46.72%	53.04%	32.60%
Combination 2	70.07%	76.40%	61.80%	77.62%	68.61%	62.77%	62.29%	75.91%	75.18%	60.83%
Combination 3	67.40%	73.48%	59.12%	73.97%	66.18%	59.85%	60.10%	74.21%	73.72%	58.15%
Combination 4	65.69%	73.48%	58.88%	73.24%	65.69%	59.61%	60.10%	73.97%	73.48%	57.66%
Combination 5	61.07%	64.72%	50.61%	64.72%	57.91%	50.61%	39.17%	65.21%	66.91%	48.42%
Combination 6	36.74%	49.88%	28.22%	42.09%	40.63%	25.30%	39.42%	41.61%	48.18%	25.30%
Combination 7	59.37%	64.72%	50.36%	64.48%	57.66%	50.36%	39.17%	64.96%	66.91%	47.93%

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Combination 8	36.50%	49.88%	27.98%	41.61%	40.39%	25.30%	39.42%	41.61%	47.93%	25.30%
Combination 9	33.82%	45.26%	24.33%	38.20%	37.47%	22.63%	25.55%	37.96%	44.28%	22.14%
Combination 10	33.58%	45.26%	24.09%	37.96%	37.47%	22.63%	25.55%	37.96%	44.28%	22.14%
Immunization for Adolescents (IMA):										
Meningococcal	82.48%	79.81%	72.51%	78.83%	74.70%	73.24%	70.32%	76.89%	80.29%	71.29%
Tdap/Td	87.35%	87.10%	81.75%	84.43%	85.89%	82.48%	77.13%	85.40%	88.56%	82.24%
HPV	38.44%	38.20%	31.39%	35.04%	33.33%	29.44%	34.31%	30.66%	40.15%	25.55%
Combination 1	81.75%	78.83%	71.53%	77.13%	74.21%	72.51%	68.86%	75.91%	79.81%	70.07%
Combination 2	36.98%	36.50%	29.68%	34.06%	31.87%	27.74%	33.82%	30.17%	39.66%	24.09%
Lead Screening in Children (LSC)	68.61%	78.35%	66.18%	79.32%	70.32%	67.15%	66.42%	72.02%	79.08%	63.26%
Breast Cancer Screening (BCS)*	40.37%	47.33%	46.83%	55.30%	53.18%	58.43%	47.29%	53.59%	52.36%	52.13%
Cervical Cancer Screening (CCS)*	55.23%	56.69%	57.18%	66.96%	64.69%	64.66%	29.93%	59.37%	53.53%	56.45%
Chlamydia Screening in Women (CHL):										
16–20 Years	47.95%	49.57%	57.69%	42.38%	43.87%	52.35%	51.51%	46.37%	49.64%	54.43%
21–24 Years	55.46%	58.41%	66.38%	47.86%	48.63%	57.72%	45.83%	55.61%	56.68%	63.46%
Total	50.73%	53.40%	61.25%	44.79%	45.76%	54.78%	51.14%	49.80%	52.57%	58.33%
Respiratory Conditions										
Appropriate Testing for Pharyngitis (CWP)*:										
3–17 Years	86.21%	86.47%	87.10%	88.70%	89.43%	90.61%	88.47%	88.82%	91.26%	89.50%
18–64 Years	76.84%	74.45%	66.53%	78.22%	77.57%	76.18%	74.49%	78.67%	80.85%	72.55%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	28.13%	20.50%	20.38%	30.41%	21.20%	33.49%	NA	28.21%	21.29%	28.86%
Pharmacotherapy Management of COPD Exacerbation (PCE):										
Systemic Corticosteroid	65.56%	59.62%	67.87%	71.31%	68.21%	65.53%	NA	68.47%	69.60%	69.83%
Bronchodilator	75.73%	72.44%	79.22%	79.38%	75.67%	81.66%	NA	83.46%	84.11%	82.92%
Asthma Medical Ratio (AMR):										
5–11 Years	83.78%	81.65%	77.75%	85.95%	82.42%	83.86%	85.95%	81.94%	77.71%	77.16%
12–18 Years	78.73%	72.73%	69.78%	79.31%	75.29%	74.66%	85.32%	70.14%	66.32%	71.21%

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
19–50 Years	51.53%	49.60%	48.85%	57.84%	48.70%	45.92%	75.00%	57.44%	54.55%	50.90%
51–64 Years	55.56%	39.05%	60.32%	46.72%	49.35%	54.95%	NA	57.24%	48.36%	48.98%
Total	71.13%	66.16%	65.70%	74.50%	68.68%	67.28%	84.67%	68.59%	64.90%	65.33%
Cardiovascular Conditions										
Controlling High Blood Pressure (CBP)**	58.88%	58.15%	53.28%	67.40%	60.83%	65.94%	71.23%	66.67%	67.15%	57.42%
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	79.31%	77.14%	64.00%	86.52%	81.25%	86.05%	NA	91.58%	87.50%	81.82%
Statin Therapy for Patients with Cardiovascular Disease (SPC)*:										
Received Statin Therapy: Males 21–75 Years	77.25%	74.93%	76.65%	76.37%	80.49%	80.49%	NA	81.09%	81.26%	80.36%
Females 40–75 Years	68.85%	71.95%	72.20%	75.61%	79.02%	77.46%	NA	79.83%	79.47%	75.85%
Total	73.82%	73.51%	74.58%	75.96%	79.72%	78.76%	NA	80.48%	80.35%	78.03%
Statin Adherence 80%: Males 21-75 Years	60.96%	70.03%	52.28%	71.76%	62.46%	61.95%	NA	76.83%	78.62%	69.77%
Females 40–75 Years	60.34%	63.78%	57.14%	68.76%	61.73%	58.47%	NA	77.93%	72.29%	70.90%
Total	60.72%	67.10%	54.47%	70.16%	62.07%	60.00%	NA	77.36%	75.44%	70.34%
Cardiac Rehabilitation (CRE)***: 18–64 Years										
Initiation	3.25%	1.74%	3.32%	1.54%	1.43%	2.56%	NA	2.52%	2.26%	0.36%
Engagement 1	1.95%	1.04%	2.37%	1.32%	1.79%	1.71%	NA	1.37%	0.85%	1.44%
Engagement 2	0.97%	0.69%	0.95%	0.66%	2.15%	0.43%	NA	1.37%	0.85%	1.08%
Achievement	0.00%	0.69%	0.47%	0.22%	0.72%	0.43%	NA	0.46%	0.28%	1.08%
Diabetes										
Comprehensive Diabetes Care (CDC):										
HbA1c Testing*	86.62%	86.62%	81.51%	85.82%	80.54%	82.73%	78.26%	89.05%	90.51%	87.59%
HbA1c Control (<8.0%)*	44.53%	48.18%	38.44%	53.79%	44.28%	50.61%	50.17%	54.74%	56.69%	53.53%
Retinal Eye Exam Performed*	33.09%	40.15%	35.28%	49.14%	43.31%	43.31%	54.85%	56.20%	55.72%	56.20%
Blood Pressure Control (<140/90 mm Hg)**	63.02%	63.50%	52.80%	63.81%	55.96%	61.31%	69.23%	67.64%	70.32%	61.07%
Kidney Health Evaluation for Patients With Diabetes (KED)***: 18–64 Years	27.95%	25.61%	29.63%	27.57%	25.09%	27.05%	20.21%	25.34%	26.97%	26.30%
Statin Therapy for Patients with Diabetes (SPD)*:										

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Received Statin Therapy	60.42%	61.00%	61.95%	62.71%	60.80%	62.61%	60.92%	67.00%	63.91%	66.83%
Statin Adherence 80%	60.59%	61.32%	53.55%	64.17%	62.87%	58.51%	88.68%	74.85%	72.53%	70.10%
Behavioral Health										
Antidepressant Medication Management (AMM):										
Effective Acute Phase Treatment	50.52%	45.56%	41.19%	49.99%	47.08%	43.63%	40.54%	58.74%	56.37%	49.61%
Effective Continuation Phase Treatment	35.63%	31.55%	26.09%	34.25%	29.73%	26.83%	22.70%	44.99%	41.42%	35.57%
Follow-Up Care for Children Prescribed ADHD Medication (ADD)*:										
Initiation Phase	50.11%	55.43%	41.72%	51.65%	44.75%	42.93%	46.19%	52.75%	48.63%	47.21%
Continuation and Maintenance Phase	62.71%	68.08%	64.77%	61.94%	57.81%	64.56%	57.49%	64.86%	62.50%	65.18%
Follow-Up After Hospitalization for Mental Illness (FUH)*:										
7-Day Follow-Up: 6–17 Years	59.01%	55.00%	45.75%	63.61%	65.16%	47.88%	39.19%	51.20%	59.93%	42.42%
18–64 Years	32.62%	40.06%	31.11%	42.97%	42.56%	35.43%	47.45%	36.51%	40.41%	35.00%
30-Day Follow-Up: 6–17 Years	82.43%	76.07%	63.97%	85.90%	85.16%	67.80%	59.19%	78.80%	84.48%	64.77%
18–64 Years	54.15%	60.41%	47.76%	63.77%	64.88%	54.21%	64.86%	57.44%	62.39%	52.90%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)*:										
7-Day Follow-Up: 6–17 Years	51.18%	46.75%	42.22%	53.67%	55.88%	41.86%	52.45%	36.71%	43.61%	30.00%
18–64 Years	26.40%	34.55%	46.67%	29.84%	30.92%	40.72%	38.68%	31.23%	30.03%	35.50%
30-Day Follow-Up: 6–17 Years	72.35%	70.78%	62.22%	69.50%	67.65%	53.49%	70.98%	63.29%	60.15%	48.00%
18–64 Years	44.80%	46.84%	58.00%	47.30%	49.00%	51.50%	51.89%	47.00%	46.33%	49.11%
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)*:										
7-Day Follow-Up: 13–17 Years	NA	NA	NA	16.13%	NA	NA	NA	NA	NA	NA
18–64 Years	46.53%	47.98%	43.53%	57.55%	45.44%	49.68%	29.41%	36.13%	46.74%	48.70%
30-Day Follow-Up: 13–17 Years	NA	NA	NA	35.48%	NA	NA	NA	NA	NA	NA
18–64 Years	66.18%	67.71%	62.28%	78.37%	69.72%	75.16%	41.18%	59.41%	68.99%	63.28%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)*:										
7-Day Follow-Up: 13–17 Years	NA	NA	NA	NA	NA	NA	3.17%	NA	5.71%	NA
18 Years and Older	9.16%	5.49%	4.85%	4.14%	4.52%	7.94%	5.26%	4.56%	6.82%	6.67%
Total	9.01%	5.59%	4.66%	3.90%	4.47%	7.49%	4.17%	4.81%	6.75%	6.34%
30-Day Follow-Up: 13–17 Years	NA	NA	NA	NA	NA	NA	4.76%	NA	5.71%	NA

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
18 Years and Older	14.94%	9.61%	9.69%	6.57%	8.54%	11.90%	5.26%	8.39%	10.92%	9.41%
Total	14.41%	9.46%	9.32%	6.19%	8.47%	11.24%	5.00%	8.70%	10.58%	8.96%
Pharmacotherapy for Opioid Use Disorder (POD)*: 16–64 Years	36.50%	33.52%	41.97%	34.20%	39.98%	43.09%	NA	26.84%	31.25%	40.52%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	78.32%	81.43%	73.48%	79.50%	79.33%	77.55%	82.52%	81.87%	83.91%	76.02%
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	69.80%	70.88%	60.19%	75.65%	69.46%	64.08%	81.48%	74.18%	75.77%	68.97%
Cardiovascular Monitoring for People With CVD and Schizophrenia (SMC)	NA	71.88%	NA	79.03%	NA	78.43%	NA	75.41%	75.47%	78.69%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	51.63%	67.12%	49.47%	64.06%	61.74%	60.70%	84.65%	72.19%	73.27%	64.27%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):										
Blood Glucose Testing: 1–11 Years	39.67%	36.57%	31.91%	38.62%	41.55%	36.62%	44.33%	35.68%	34.93%	31.14%
12–17 Years	54.64%	57.63%	49.26%	57.57%	51.02%	48.22%	60.82%	50.89%	58.67%	52.48%
Total	49.83%	50.20%	43.34%	51.08%	47.75%	44.32%	55.81%	45.56%	49.92%	45.49%
Cholesterol Testing: 1–11 Years	34.24%	30.86%	27.66%	30.84%	31.88%	25.82%	35.07%	27.70%	31.88%	26.95%
12–17 Years	37.37%	40.50%	27.57%	42.73%	34.69%	34.20%	48.06%	38.99%	38.78%	36.73%
Total	36.36%	37.10%	27.60%	38.66%	33.72%	31.39%	44.11%	35.03%	36.23%	33.53%
Blood Glucose and Cholesterol Testing: 1–11 Years	30.98%	29.14%	20.57%	25.36%	28.50%	23.00%	31.29%	23.47%	27.07%	22.75%
12–17 Years	33.25%	38.32%	25.37%	39.88%	31.12%	31.35%	45.56%	35.19%	36.73%	34.11%
Total	32.52%	35.08%	23.73%	34.91%	30.22%	28.55%	41.22%	31.09%	33.17%	30.39%
Overuse/Appropriateness										
Appropriate Treatment for Upper Respiratory Infection (URI):										
3 Months–17 Years	87.03%	92.32%	89.48%	83.68%	90.71%	85.47%	84.44%	86.54%	91.45%	89.08%
18–64 Years	70.65%	77.92%	75.18%	65.00%	75.06%	70.03%	78.06%	67.83%	78.59%	72.58%
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):										
3 Months–17 Years	58.02%	67.29%	84.05%	50.84%	67.53%	80.22%	57.45%	58.18%	67.08%	81.20%
18–64 Years	39.94%	43.88%	46.86%	30.26%	37.63%	40.14%	38.55%	38.93%	41.81%	48.04%

Table 5.a. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Use of Imaging Studies for Low Back Pain (LBP)	70.00%	70.24%	72.27%	67.13%	67.15%	66.67%	66.35%	67.24%	67.84%	66.85%
Measures Collected Through CAHPS Health Plan Survey										
Flu vaccinations for adults ages 18 to 64 (FVA)	35.59%	40.49%	37.11%	42.51%	40.91%	37.50%	NA	35.19%	39.75%	30.69%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC):										
Advising Smokers and Tobacco Users to Quit	81.22%	77.91%	78.82%	75.00%	80.39%	70.34%	NA	81.39%	78.57%	78.70%
Discussing Cessation Medications	47.16%	48.84%	46.47%	45.90%	45.45%	46.98%	NA	50.86%	49.41%	46.75%
Discussing Cessation Strategies	46.07%	45.35%	40.00%	40.22%	47.40%	44.14%	NA	46.09%	39.05%	41.72%
Supplemental Data - % Current Smokers [†]	40.38%	29.93%	44.50%	40.21%	38.50%	31.09%	10.58%	41.18%	39.16%	28.79%

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS MY2020.

*** First-year measure for HEDIS MY2020.

† For this measure, the rate is not intended to indicate good or poor performance, but for informative purposes to monitor the population of current smokers.

For the Effectiveness of Care Measures presented in **Table 5.b**, a lower rate indicates better performance.

Table 5.b. HEDIS MY2020 Plan-Specific Rates: Effectiveness of Care Measures Where Lower Rates Indicate Better Performance										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Diabetes										
Comprehensive Diabetes Care (CDC):										
HbA1c Poor Control (>9.0%)*	45.26%	40.88%	53.77%	35.45%	43.55%	41.85%	42.47%	35.77%	32.36%	35.04%
Overuse/Appropriateness										
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	0.44%	0.32%	0.93%	0.62%	0.25%	1.48%	0.56%	1.54%	1.13%	1.87%
Use of Opioids at High Dosage (HDO)*	6.16%	5.43%	1.32%	5.87%	4.21%	2.62%	3.23%	8.86%	7.31%	2.42%
Use of Opioids From Multiple Providers (UOP)*:										
Multiple Prescribers	15.12%	27.08%	14.05%	16.32%	30.06%	16.94%	36.67%	16.64%	25.71%	15.23%
Multiple Pharmacies	1.06%	1.81%	3.77%	0.89%	1.96%	1.42%	6.67%	1.04%	1.54%	2.76%
Multiple Prescribers and Pharmacies	0.60%	1.05%	1.43%	0.39%	1.34%	0.42%	6.67%	0.63%	0.94%	1.18%
Risk of Continued Opioid Use (COU)*:										
18–64 Years: ≥15 days/30-day period	2.10%	2.86%	1.44%	1.45%	2.14%	1.21%	0.89%	3.96%	4.00%	2.61%
≥ 31 days/62-day period	1.64%	2.42%	1.19%	1.19%	1.89%	1.00%	0.53%	3.14%	3.54%	1.91%

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

Table 6 presents rates for Access/Availability of Care Measures.

Table 6. HEDIS MY2020 Plan-Specific Rates: Access/Availability of Care Measures										
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Adults' Access to Preventive/Ambulatory Health Services (AAP):										
20–44 Years	72.87%	76.61%	72.69%	80.09%	77.50%	78.57%	44.13%	77.83%	78.87%	74.00%
45–64 Years	80.70%	85.75%	81.79%	88.43%	86.27%	88.37%	47.13%	87.59%	88.66%	85.71%
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation of AOD Treatment*:										
13–17 Years: Alcohol	34.29%	NA	NA	35.48%	NA	NA	60.00%	NA	NA	NA
Opioid	NA									
Other drug	44.03%	50.00%	50.94%	44.13%	57.50%	37.61%	55.70%	38.71%	47.76%	45.65%
Total	41.77%	47.33%	49.55%	42.79%	56.65%	38.21%	55.03%	36.43%	46.00%	44.66%
18+ Years: Alcohol	47.71%	48.44%	57.47%	47.60%	45.96%	48.32%	43.06%	41.86%	44.41%	50.06%
Opioid	68.78%	65.75%	74.86%	57.29%	59.96%	55.22%	46.43%	52.99%	65.71%	66.67%
Other drug	50.51%	53.65%	50.68%	43.86%	51.12%	44.80%	48.21%	42.95%	51.75%	46.12%
Total	54.62%	53.99%	55.19%	48.14%	50.27%	47.50%	45.45%	44.91%	51.75%	48.83%
Initiation Total: Alcohol	47.19%	48.48%	57.54%	47.23%	46.42%	47.83%	49.57%	41.53%	44.51%	50.00%
Opioid	68.66%	65.81%	74.86%	57.30%	60.06%	55.29%	52.94%	52.95%	65.68%	66.51%
Other drug	50.03%	53.42%	50.70%	43.88%	51.67%	44.19%	51.84%	42.69%	51.48%	46.09%
Total	54.02%	53.73%	54.90%	47.91%	50.61%	47.02%	49.74%	44.61%	51.51%	48.65%
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Engagement of AOD Treatment*:										
13–17 Years: Alcohol	8.57%	NA	NA	12.90%	NA	NA	31.11%	NA	NA	NA
Opioid	NA									
Other drug	23.13%	24.14%	17.92%	26.82%	29.38%	13.68%	33.23%	16.94%	24.63%	14.13%
Total	20.89%	22.14%	17.12%	23.88%	27.75%	13.82%	32.84%	15.00%	22.67%	12.62%
18+ Years: Alcohol	15.48%	15.31%	15.22%	13.23%	12.78%	11.59%	13.89%	12.31%	13.56%	12.19%
Opioid	44.33%	35.67%	40.33%	29.16%	28.13%	25.59%	25.00%	31.91%	39.18%	33.81%
Other drug	15.40%	19.91%	12.41%	13.02%	17.02%	11.20%	17.56%	11.98%	16.57%	10.08%
Total	23.87%	22.30%	17.36%	18.49%	18.51%	14.67%	16.99%	18.35%	21.85%	14.04%
Engagement Total: Alcohol	15.21%	15.08%	15.35%	13.22%	12.97%	11.54%	20.51%	12.11%	13.69%	12.00%
Opioid	44.25%	35.61%	40.33%	29.08%	28.18%	25.55%	25.00%	31.89%	39.10%	33.73%

Table 6. HEDIS MY2020 Plan-Specific Rates: Access/Availability of Care Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Other drug	15.97%	20.18%	12.84%	14.01%	18.08%	11.41%	25.15%	12.28%	17.11%	10.34%
Total	23.73%	22.30%	17.35%	18.72%	18.99%	14.62%	24.07%	18.23%	21.88%	13.98%
Prenatal and Postpartum Care (PPC)*:										
Timeliness of Prenatal Care	88.81%	83.45%	73.24%	89.29%	83.45%	84.18%	79.27%	82.73%	74.94%	69.34%
Postpartum Care	75.18%	73.72%	64.48%	75.67%	75.18%	76.40%	62.55%	76.16%	67.40%	66.67%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):										
1–11 Years	49.32%	52.63%	54.10%	66.97%	71.83%	58.82%	55.71%	49.45%	61.64%	51.39%
12–17 Years	69.28%	71.28%	56.41%	72.00%	64.23%	64.03%	53.27%	53.60%	61.29%	43.44%
Total	62.83%	64.24%	55.62%	70.07%	67.01%	61.83%	54.06%	51.85%	61.42%	46.39%

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

Table 7 results are for utilization measures that are included in the Utilization and Risk-Adjusted Utilization Domain of Care.

Table 7. HEDIS MY2020 Plan-Specific Rates: Use of Services Measures

Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Well-Child Visits in the First 30 Months of Life (W30)^{††}:										
First 15 Months**	59.94%	61.76%	37.70%	71.93%	66.47%	49.64%	48.42%	46.40%	42.46%	26.12%
15 Months–30 Months	67.14%	73.18%	54.14%	75.23%	73.34%	55.30%	63.44%	71.08%	74.21%	53.96%
Child and Adolescent Well-Care Visits (WCV)^{††}:										
3–11 Years**	57.11%	64.26%	48.55%	64.14%	61.37%	52.72%	58.27%	59.59%	63.38%	51.23%
12–17 Years**	48.20%	53.90%	41.75%	54.76%	52.61%	45.57%	52.85%	49.52%	52.61%	44.00%
18–21 Years**	24.35%	27.04%	21.60%	28.79%	28.55%	24.96%	27.29%	25.92%	26.72%	20.30%
Total**	49.37%	55.81%	42.77%	55.87%	53.93%	46.18%	51.13%	50.92%	55.15%	44.65%

^{††} Revised and renamed measures for HEDIS MY2020.

**NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS MY2020.

Individual Plan Performance—CAHPS

Table 8 details the color-coding and any additional comments for **Tables 9, 10,** and **11**. These tables display the plan-specific performance rates for the CAHPS survey results.

Table 8. MY2020 CAHPS Rating Measure Designations		
Color Designation	National Percentile Achieved	Additional Comments
	Greater than 75th percentile	No additional comments
	25th to 75th	No additional comments
	Less than 25th	No additional comments
	No Rating Available	Benchmarking data were not available
Measure Designation	Definition	
NA	Not Applicable. Health plans must achieve a denominator of at least 100 responses to obtain a reportable result. If the denominator for a particular survey result calculation is less than 100, NCQA assigns a measure result of NA.	

Table 9. MY2020 CAHPS 5.0H Adult Medicaid Survey Results									
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
1. Getting Needed Care (Always + Usually)									
85.42%	84.32%	85.37%	84.14%	86.65%	85.11%	NA	90.03%	NA	83.32%
2. Getting Care Quickly (Always + Usually)									
85.58%	84.39%	NA	85.56%	NA	86.63%	NA	90.63%	NA	80.07%
3. How Well Doctors Communicate (Always + Usually)									
90.39%	87.16%	89.87%	92.29%	96.42%	93.65%	NA	90.51%	95.31%	92.47%
4. Customer Service (Always + Usually)									
NA	NA	NA	90.74%	NA	94.65%	NA	NA	NA	NA
5. Rating of All Health Care (9+10)									
54.55%	56.73%	52.76%	63.41%	61.67%	63.78%	NA	61.94%	63.56%	57.81%
6. Rating of Personal Doctor (9+10)									
63.24%	62.26%	66.87%	76.99%	70.25%	73.71%	NA	69.66%	75.00%	67.53%
7. Rating of Specialist Seen Most Often (9+10)									
65.38%	70.00%	NA	73.91%	NA	69.83%	NA	NA	NA	NA

Medicaid Results

Table 9. MY2020 CAHPS 5.0H Adult Medicaid Survey Results

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
8. Rating of Health Plan (9+10)									
56.76%	59.70%	60.55%	70.50%	65.84%	68.94%	63.46%	65.92%	70.41%	63.64%
9. Coordination of Care (Always + Usually)									
NA	NA	NA	NA	NA	86.24%	NA	NA	NA	NA

Table 10. MY2020 CAHPS 5.0H Child Medicaid Survey Results (General Population)

AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
1. Getting Needed Care (Always + Usually)									
91.62%	88.66%	88.92%	94.21%	84.29%	87.00%	89.82%	91.95%	NA	NA
2. Getting Care Quickly (Always + Usually)									
91.90%	90.11%	88.29%	93.64%	89.97%	89.20%	91.72%	92.38%	NA	NA
3. How Well Doctors Communicate (Always + Usually)									
95.08%	92.79%	93.30%	97.23%	94.67%	94.66%	93.47%	95.09%	91.92%	93.86%
4. Customer Service (Always + Usually)									
91.48%	91.53%	89.57%	NA						
5. Rating of All Health Care (9+10)									
79.27%	79.87%	74.74%	80.20%	84.68%	74.05%	75.76%	79.70%	75.94%	71.30%
6. Rating of Personal Doctor (9+10)									
80.04%	78.43%	77.49%	82.51%	85.11%	75.37%	79.12%	79.70%	83.74%	74.00%
7. Rating of Specialist Seen Most Often (9+10)									
78.07%	76.23%	NA	85.09%	NA	NA	77.62%	NA	NA	NA
8. Rating of Health Plan (9+10)									
74.76%	79.38%	75.58%	84.15%	81.60%	78.79%	77.85%	79.94%	83.33%	80.10%
9. Coordination of Care (Always + Usually)									
85.51%	78.74%	NA	84.30%	NA	NA	86.29%	NA	NA	NA

Table 11. MY2020 CAHPS 5.0H Child Medicaid Survey Results (Children with Chronic Conditions)									
AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
1. Access to Specialized Services (Always + Usually)									
NA	NA	NA	NA	NA	NA	81.72%	NA	NA	NA
2. Family-Centered Care: Personal Doctor Who Knows Child (Yes)									
91.70%	90.86%	91.37%	92.28%	95.36%	91.79%	91.54%	92.84%	90.59%	88.51%
3. Coordination of Care for Children With Chronic Conditions (Yes)									
80.73%	76.13%	NA	NA	NA	NA	77.58%	NA	NA	NA
4. Family-Centered Care: Getting Needed Information (Always + Usually)									
92.91%	90.56%	93.81%	93.12%	90.71%	94.38%	92.13%	93.02%	88.36%	87.32%
5. Access to Prescription Medicines (Always + Usually)									
90.88%	92.48%	94.14%	94.85%	94.86%	94.48%	93.21%	94.58%	96.67%	91.50%

Medicaid HEDIS Trending—Statewide Weighted Rates

Each year of HEDIS reporting, Qsource has calculated the Medicaid statewide weighted averages for each measure by applying the size of the eligible population for each measure within a health plan to its reported rate. Using this methodology, plan-specific findings can be estimated from an overall TennCare statewide level, with each reporting health plan contributing to the statewide estimate proportionate to its eligible population size.

Generally and as stated in footnotes, factors should be considered while trending data, such as instances where measures were not reported (and thereby not plotted) for a particular year.

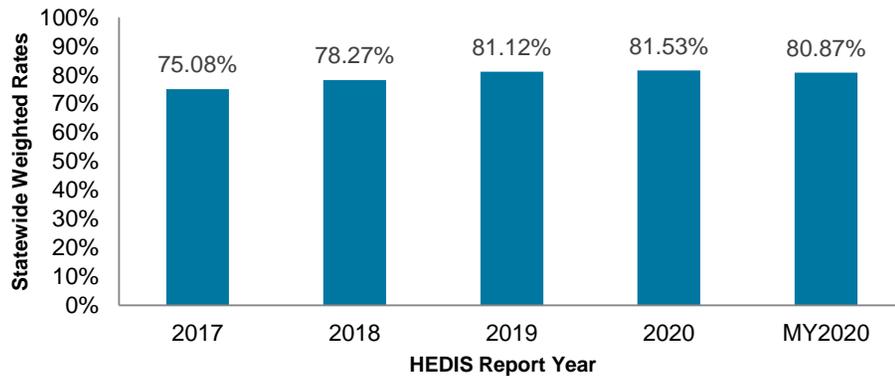
Trending for first-time measures is not possible and, therefore, is not presented in this section. Likewise, graphs are not

presented for measures that had a break in trending for the current measurement year. Remaining measures are plotted to reflect the statewide performance of TennCare MCOs for five years. Trending for prior years is available in previous HEDIS reports.

Note: This report, which previously would have referred to the most recent data as HEDIS 2021, uses NCQA's new naming convention of HEDIS MY2020 to refer to data collected during calendar year 2020 and reported in calendar year 2021. To ensure consistency in the technical specifications and for easier reference to publications issued by NCQA, Qsource has retained NCQA's prior nomenclature to refer to previous years. For example, HEDIS 2020 remains as-is in this report and refers to data collected in MY2019.

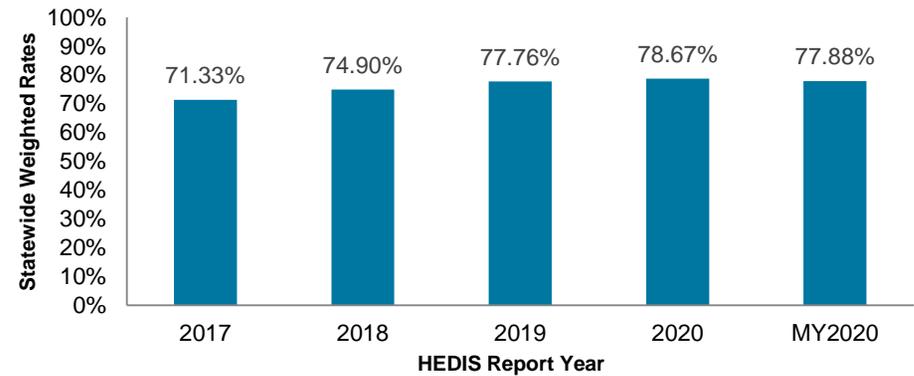
Effectiveness of Care Measures: Prevention and Screening

Fig. 1. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile: 3–11 Years



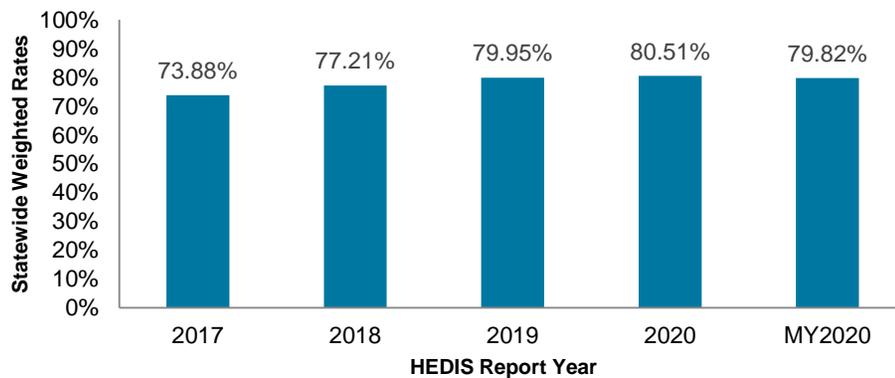
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 2. WCC—BMI Percentile: 12–17 Years



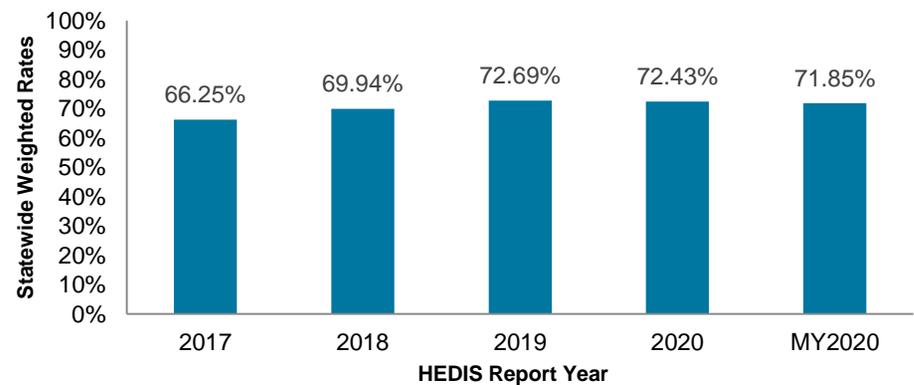
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 3. WCC—BMI Percentile: Total



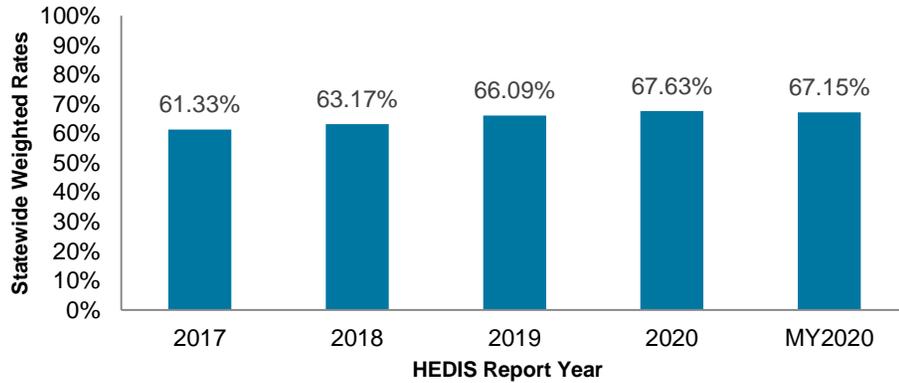
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 4. WCC—Counseling for Nutrition: 3–11 Years



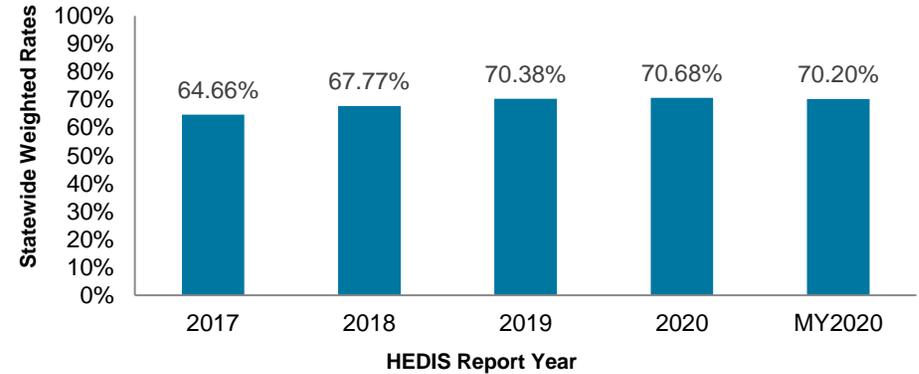
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 5. WCC—Counseling for Nutrition: 12–17 Years



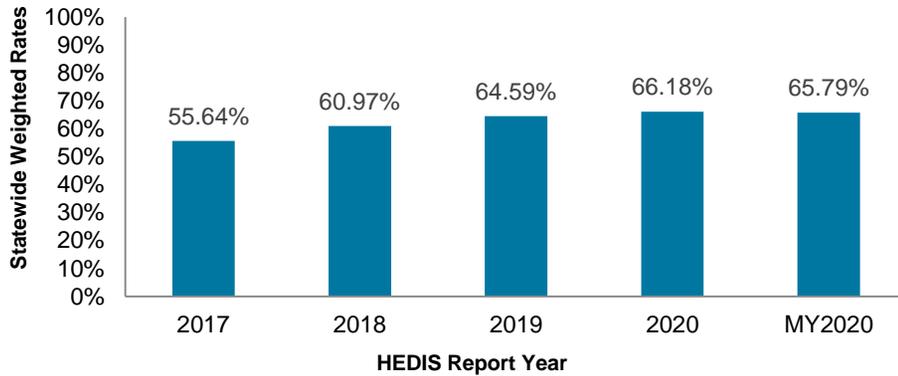
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 6. WCC—Counseling for Nutrition: Total



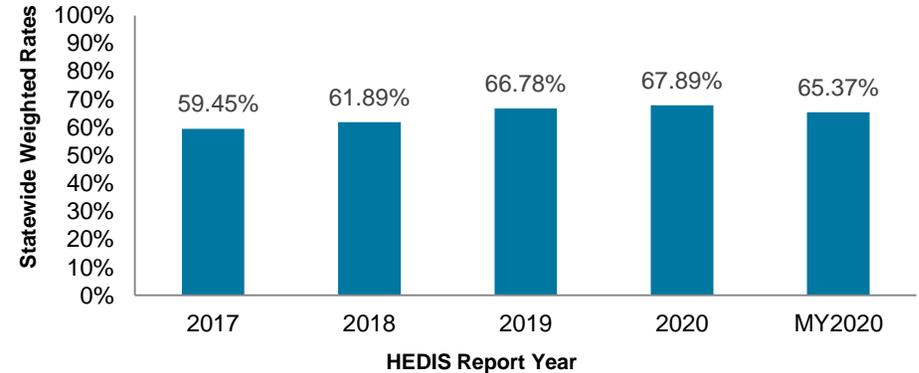
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 7. WCC—Counseling for Physical Activity: 3–11 Years



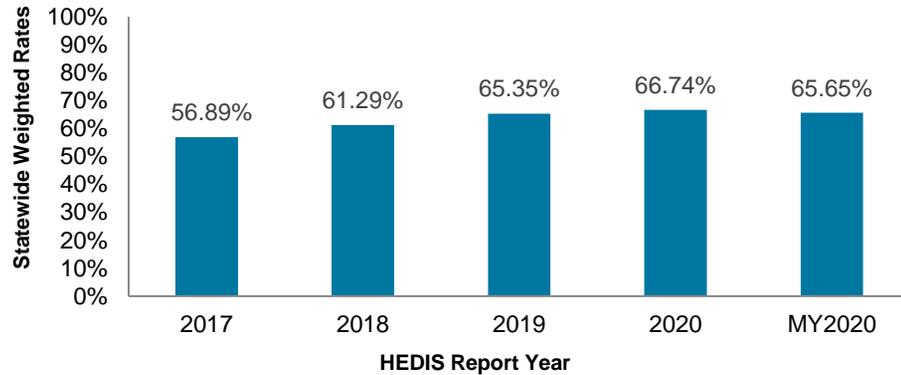
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 8. WCC—Counseling for Physical Activity: 12–17 Years



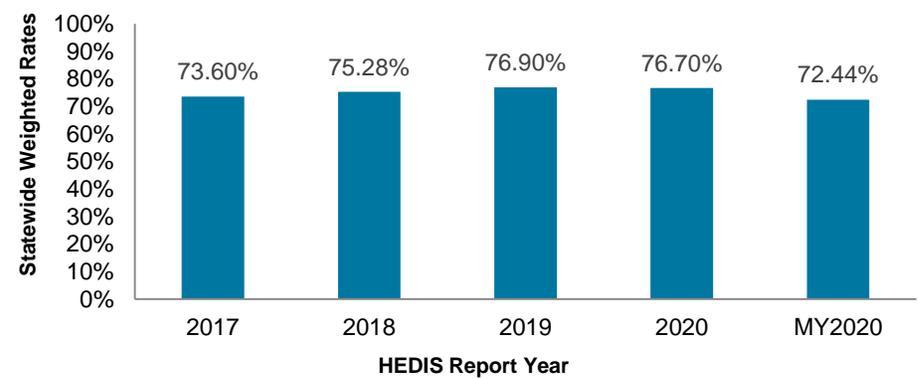
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 9. WCC—Counseling for Physical Activity: Total



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 10. Childhood Immunization Status (CIS): DTaP/DT



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 11. CIS: IPV

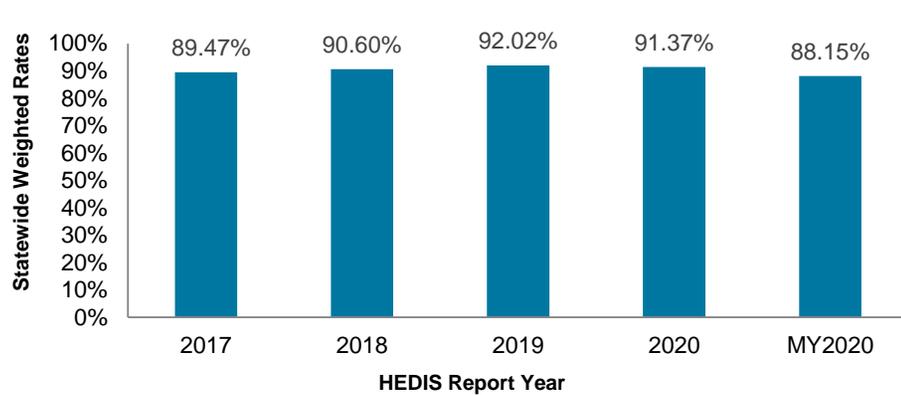
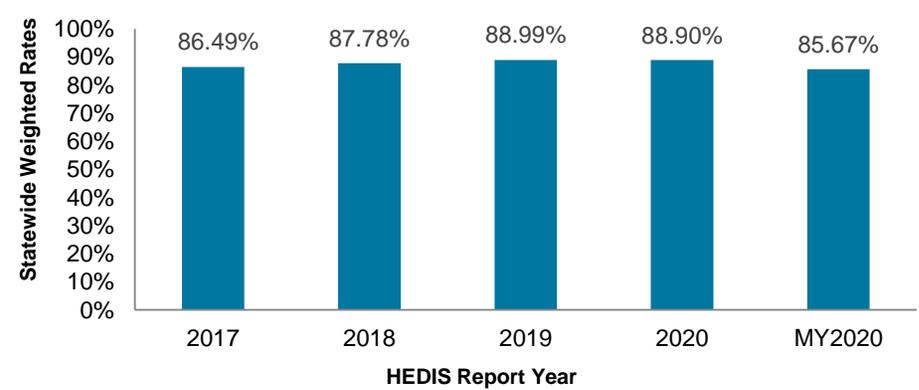


Fig. 12. CIS: MMR



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 13. CIS: HiB

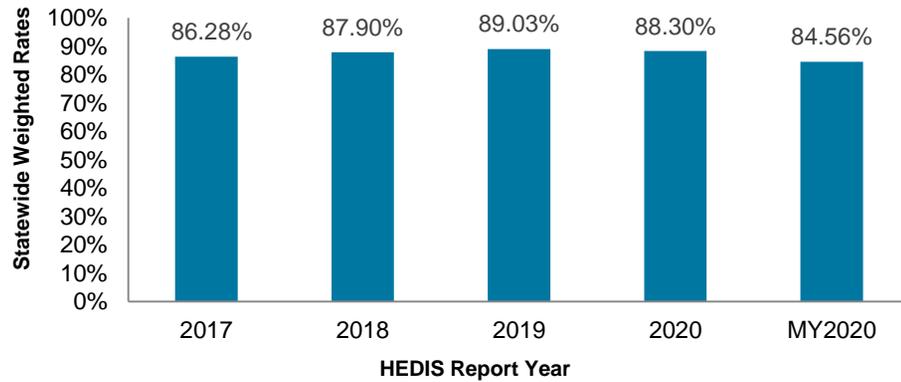


Fig. 14. CIS: HepB

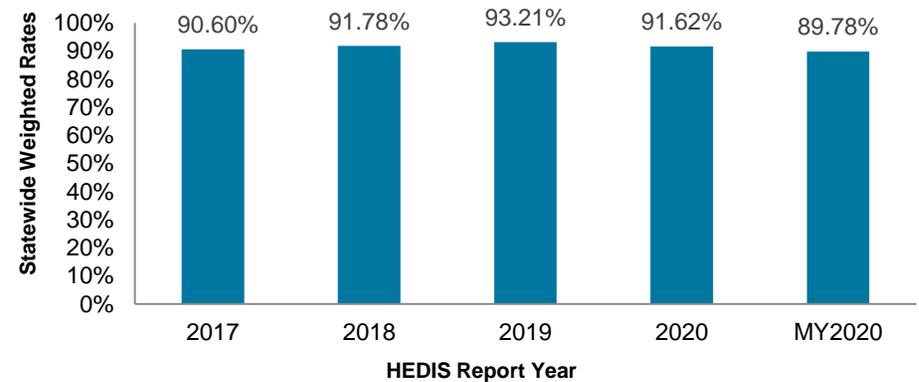


Fig. 15. CIS: VZV

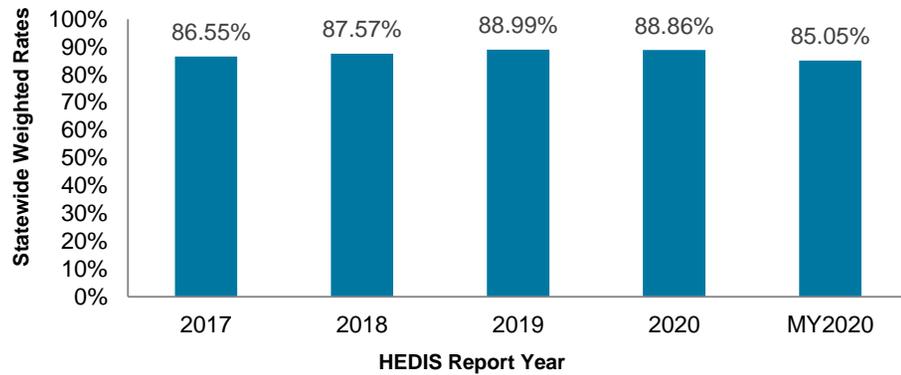
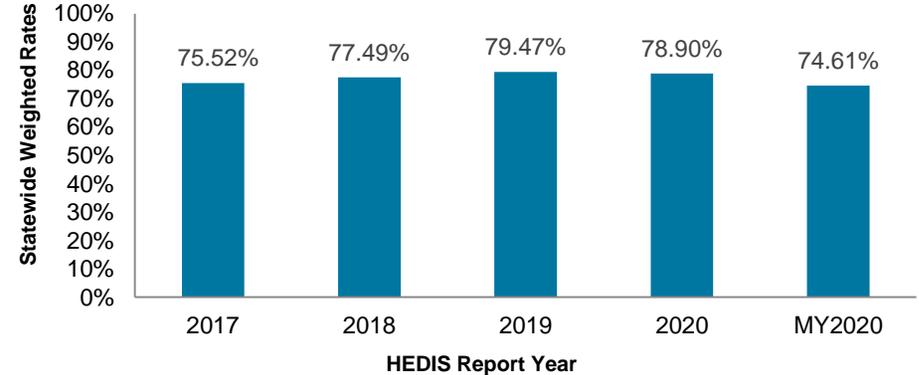


Fig. 16. CIS: PCV



Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 17. CIS: HepA

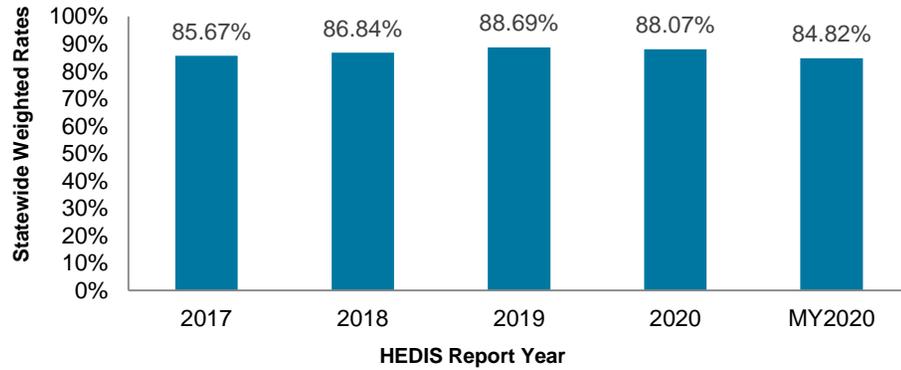
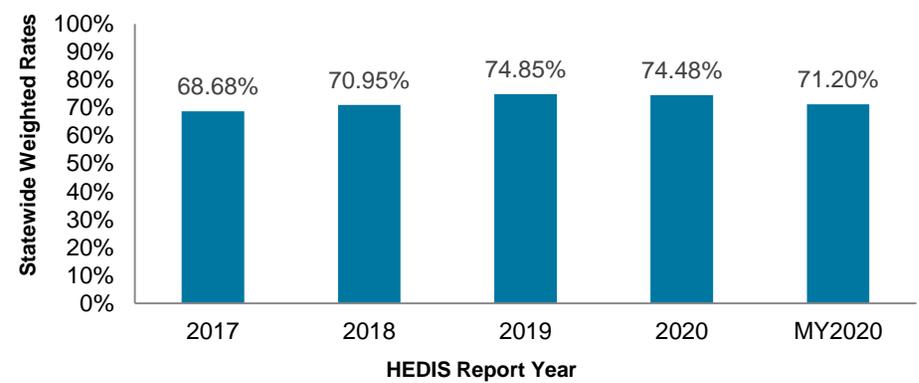


Fig. 18. CIS: RV



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 19. CIS: Flu

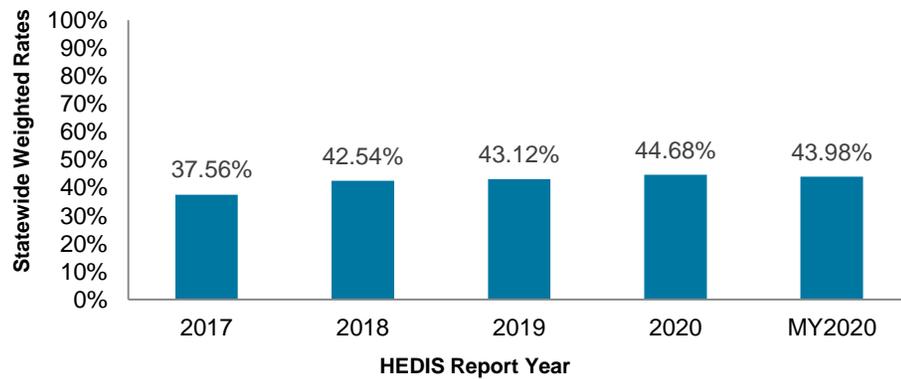
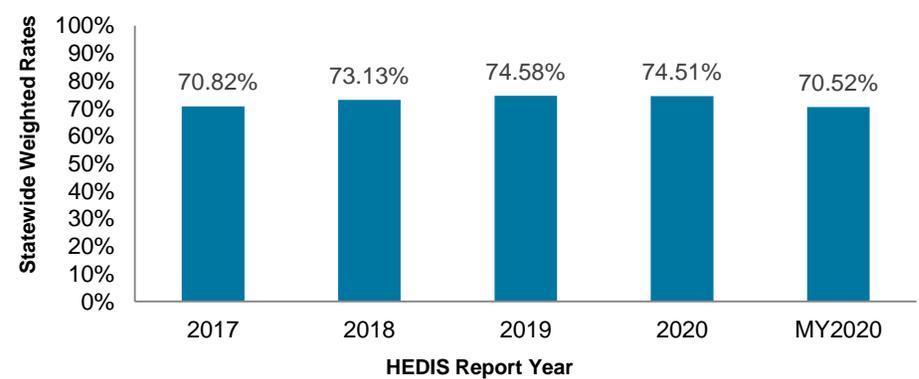


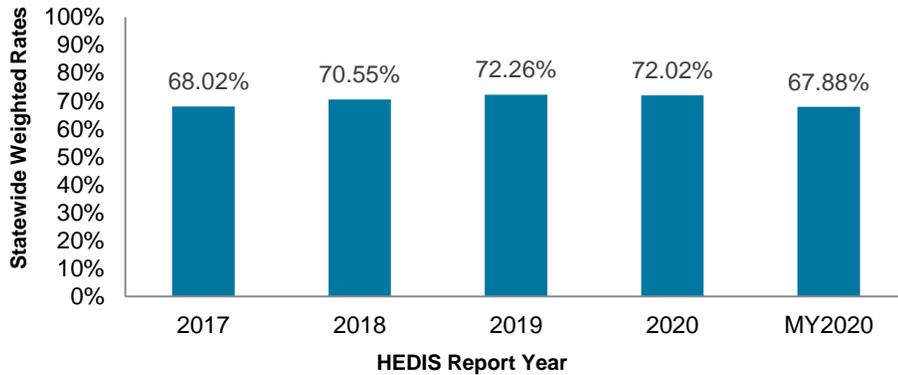
Fig. 20. CIS: Combination 2



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

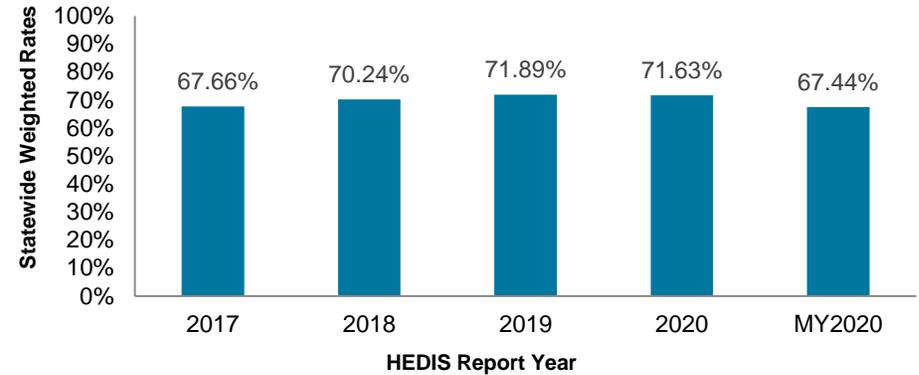
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 21. CIS: Combination 3



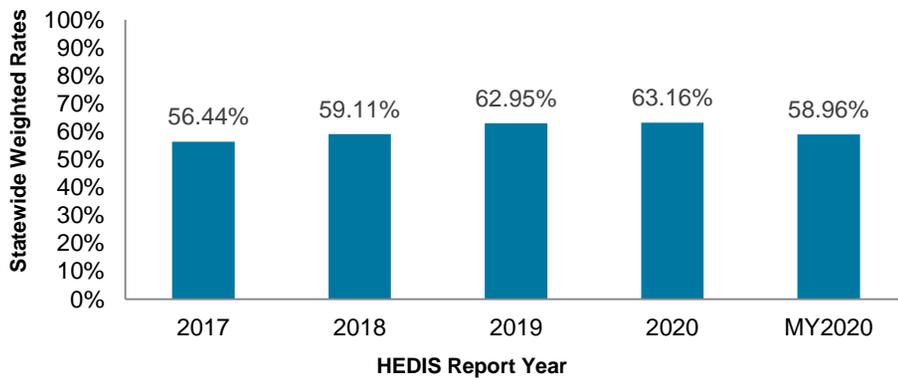
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 22. CIS: Combination 4



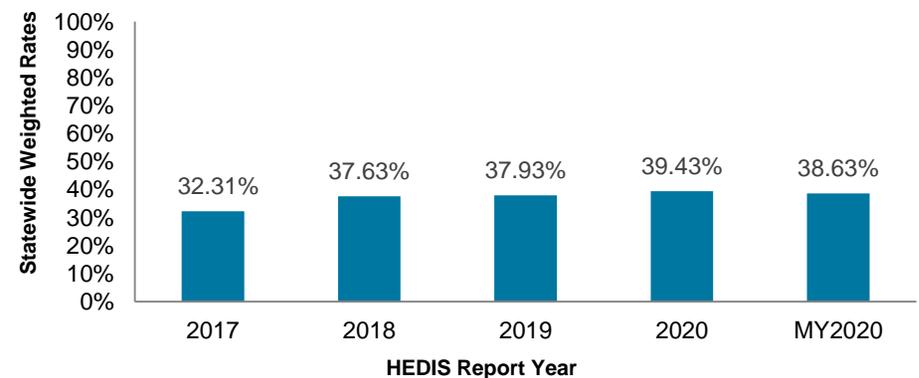
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 23. CIS: Combination 5



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

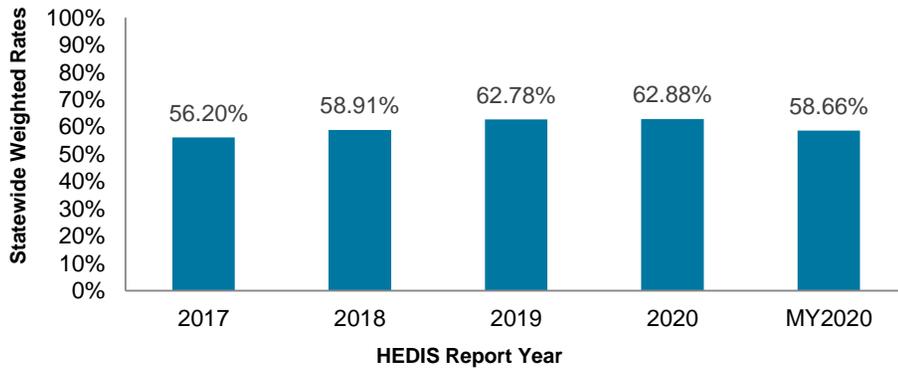
Fig. 24. CIS: Combination 6



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

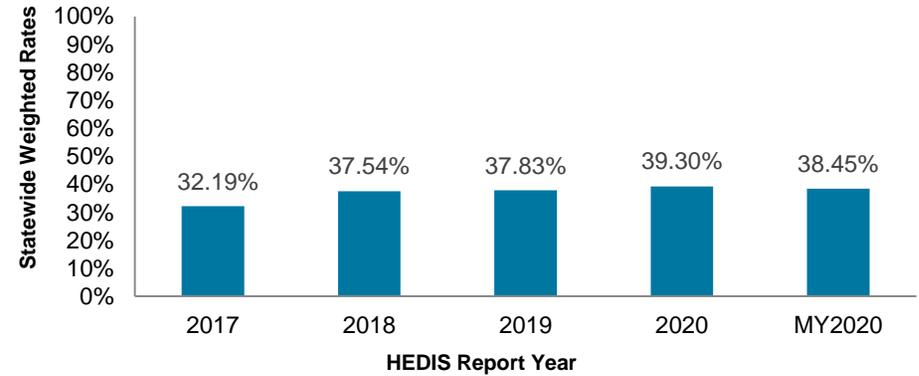
Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 25. CIS: Combination 7



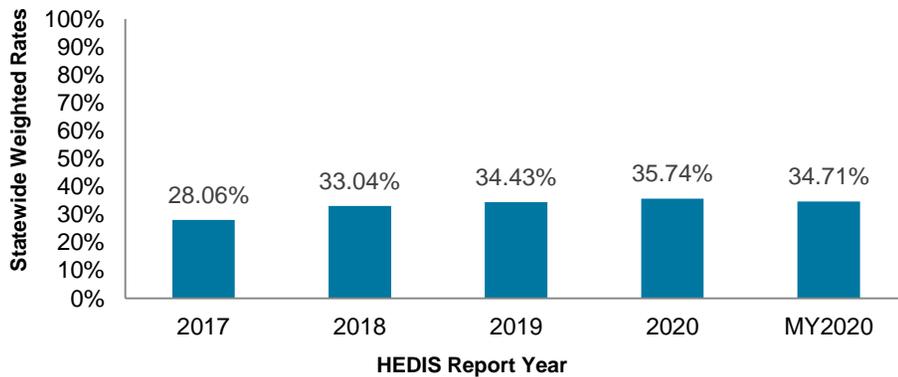
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 26. CIS: Combination 8



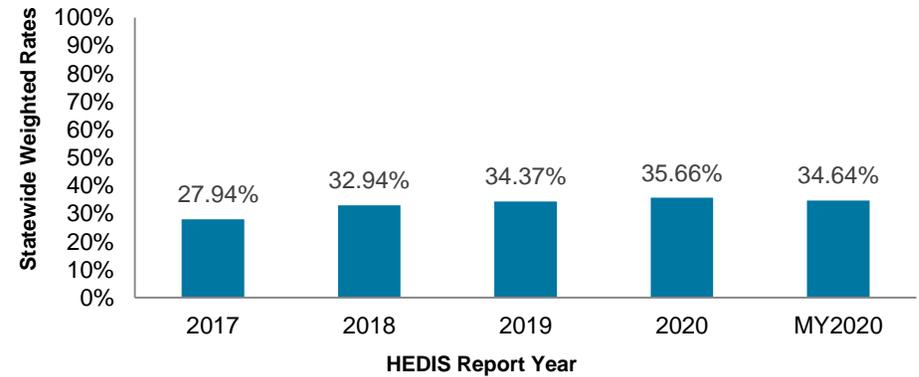
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 27. CIS: Combination 9



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 28. CIS: Combination 10



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 29. Immunizations for Adolescents (IMA): Meningococcal

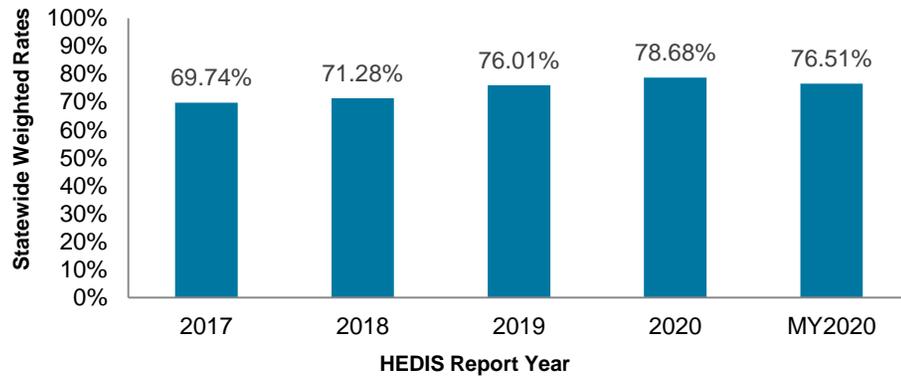


Fig. 30. IMA: Tdap/Td

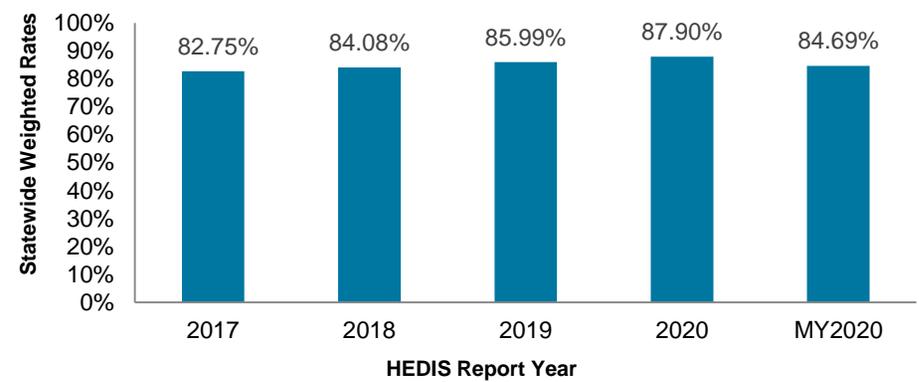


Fig. 31. IMA: HPV

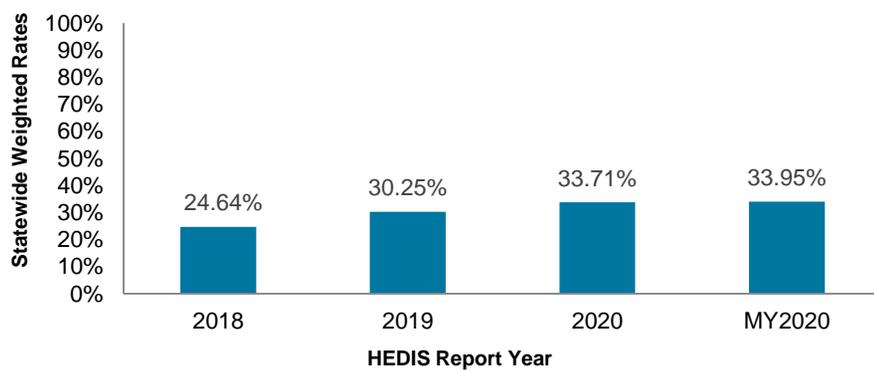
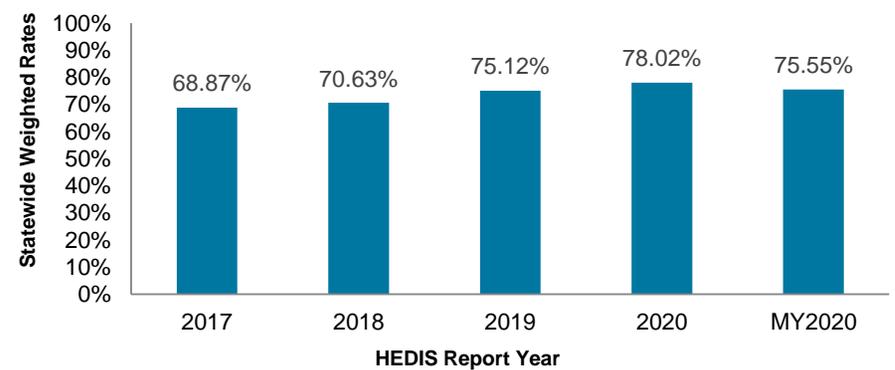


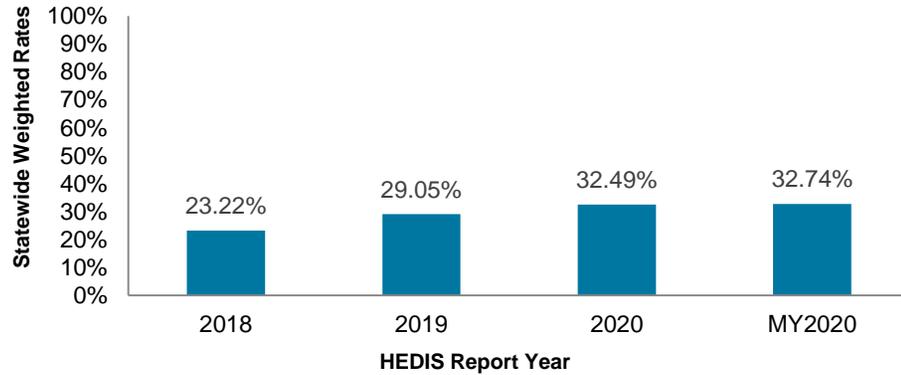
Fig. 32. IMA: Combination 1



Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2018.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Prevention and Screening

Fig. 33. IMA: Combination 2



Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2018.

Fig. 34. Lead Screening in Children (LSC)

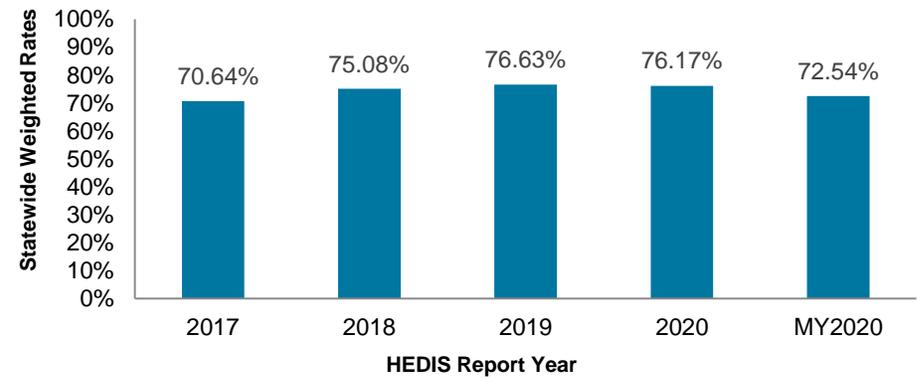
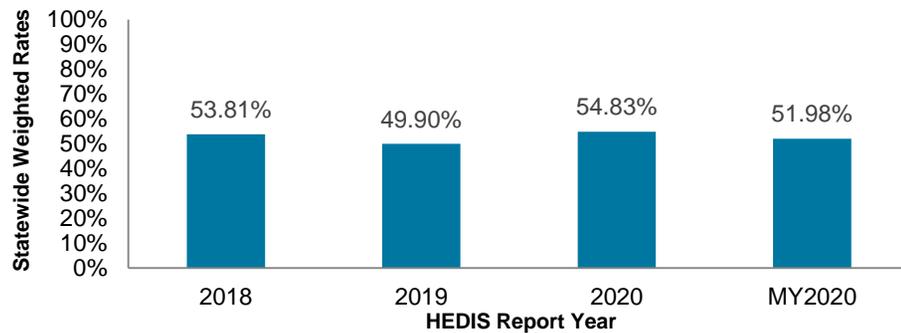
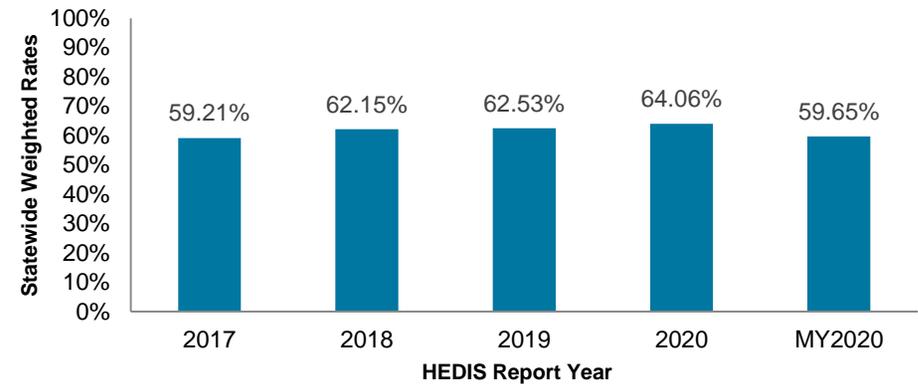


Fig. 35. Breast Cancer Screening (BCS)



Footnote: NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS 2018. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 36. Cervical Cancer Screening (CCS)



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 37. Chlamydia Screening in Women (CHL): 16–20 Years

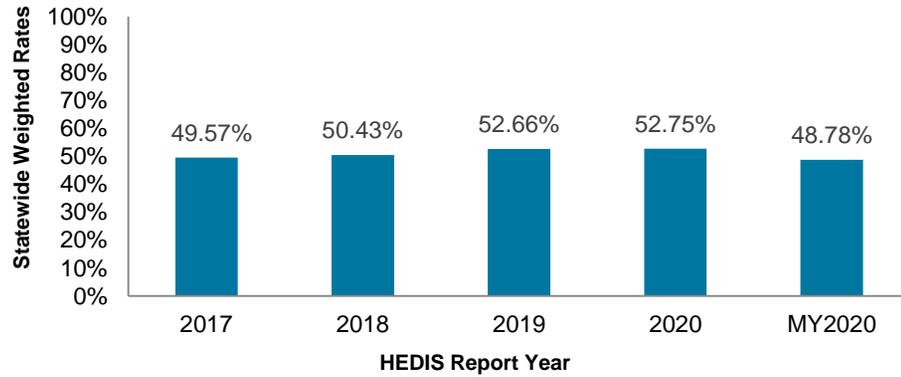


Fig. 38. CHL: 21–24 Years

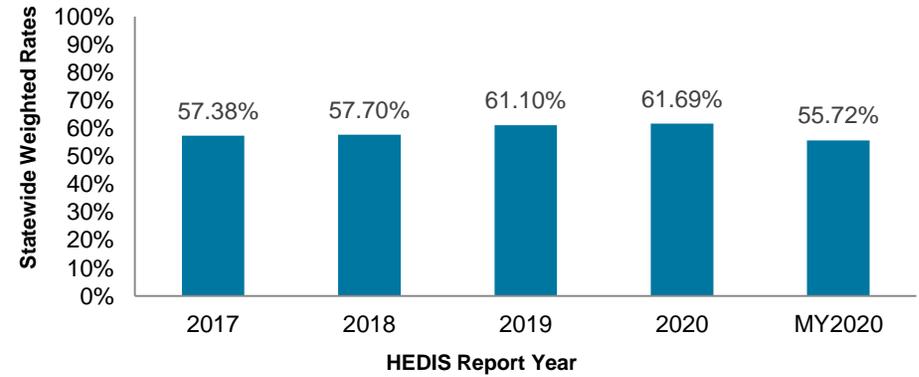
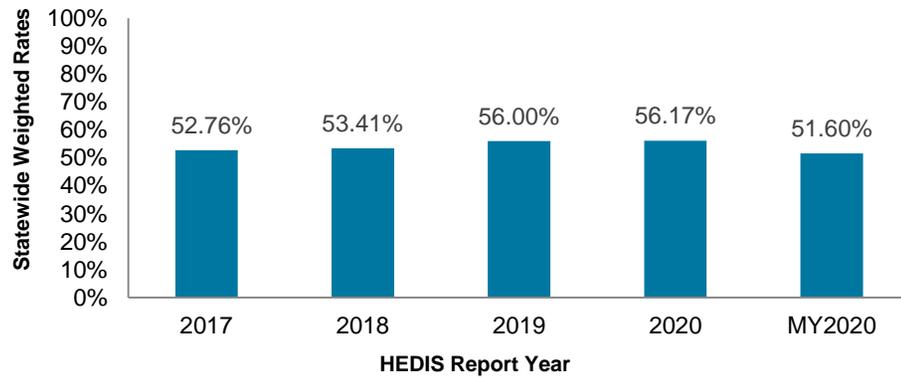
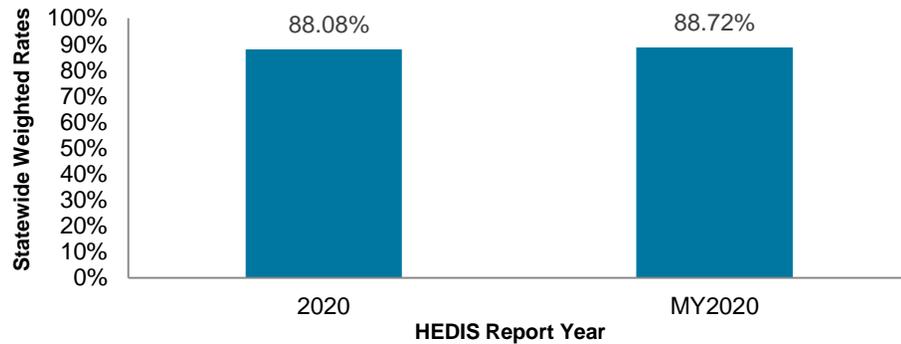


Fig. 39. CHL: Total



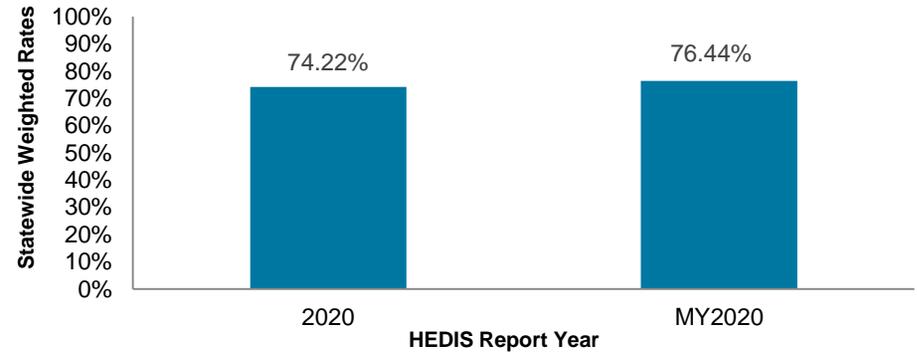
Effectiveness of Care Measures: Respiratory Conditions

Fig. 40. Appropriate Testing for Pharyngitis (CWP): 3–17 Years



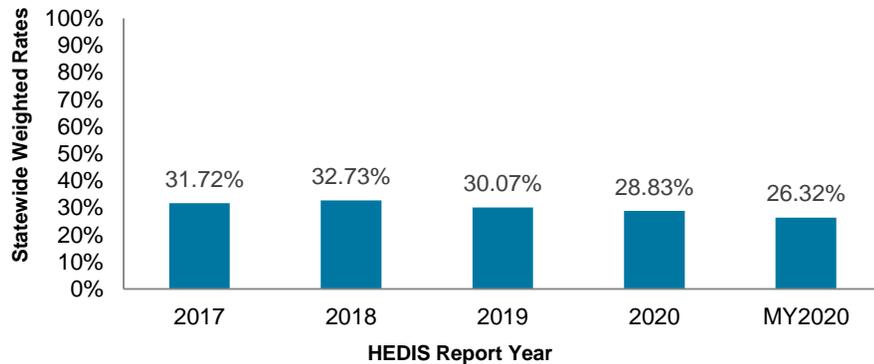
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 41. CWP: 18-64 Years



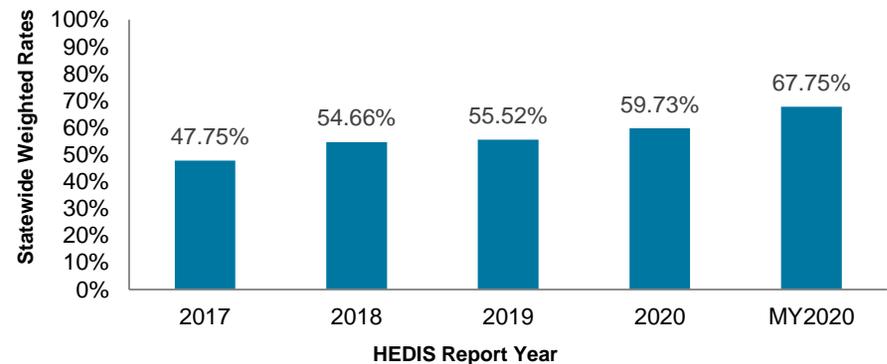
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 42. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

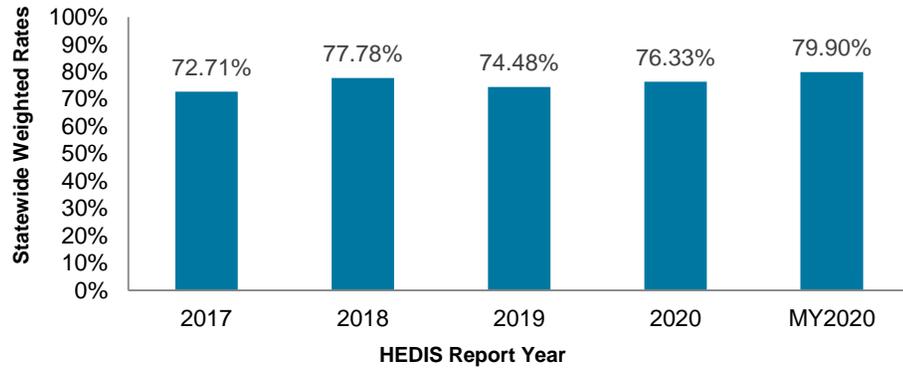
Fig. 43. Pharmacotherapy Management of COPD Exacerbation (PCE): Systemic Corticosteroid



Footnote: For HEDIS 2017, criteria used to identify the COPD Episode Date in the event/diagnosis was revised; trending between prior years should be considered with caution.

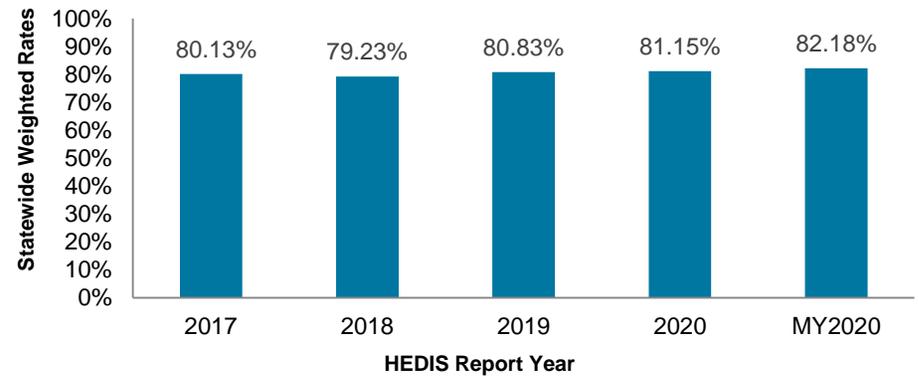
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 44. PCE: Bronchodilator



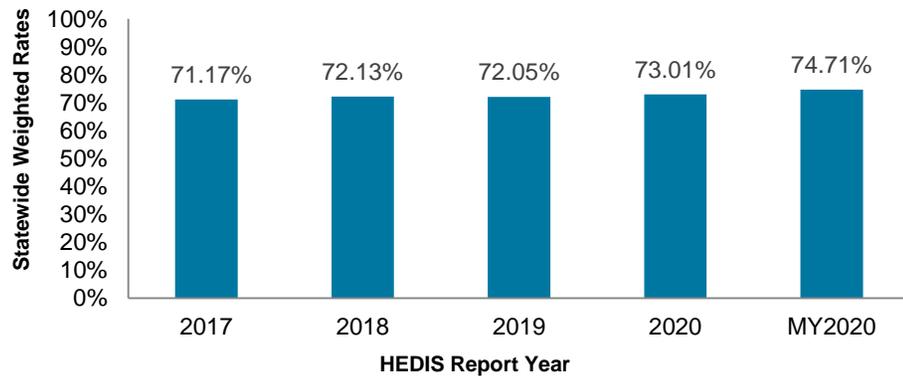
Footnote: For HEDIS 2017, criteria used to identify the COPD Episode Date in the event/diagnosis was revised; trending between prior years should be considered with caution.

Fig. 45. Asthma Medication Ratio (AMR): 5–11 Years



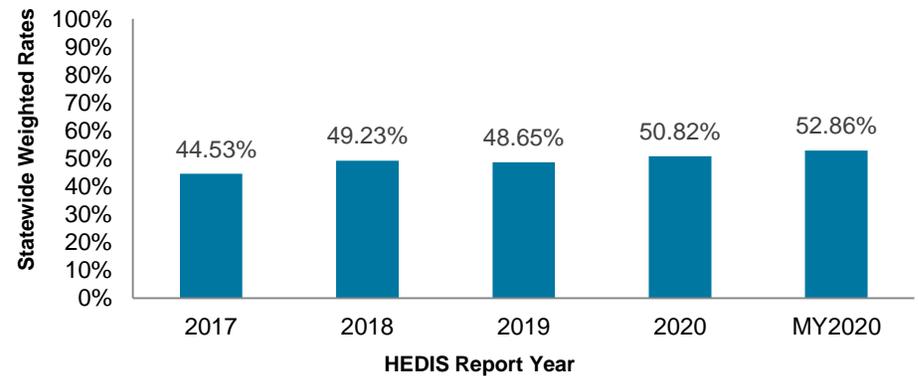
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 46. AMR: 12–18 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

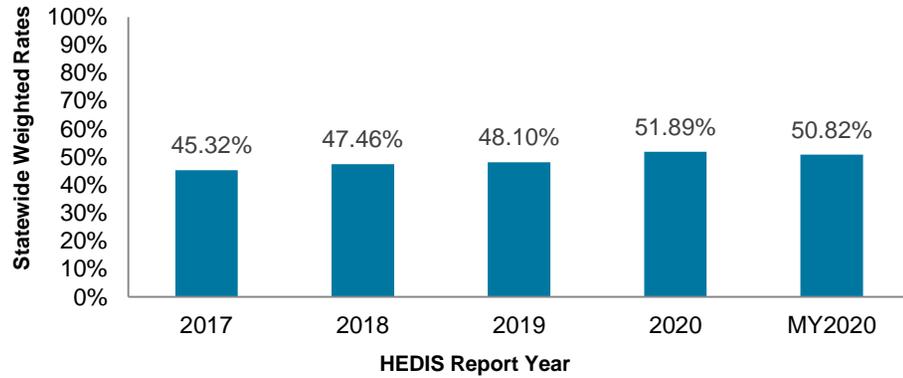
Fig. 47. AMR: 19–50 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

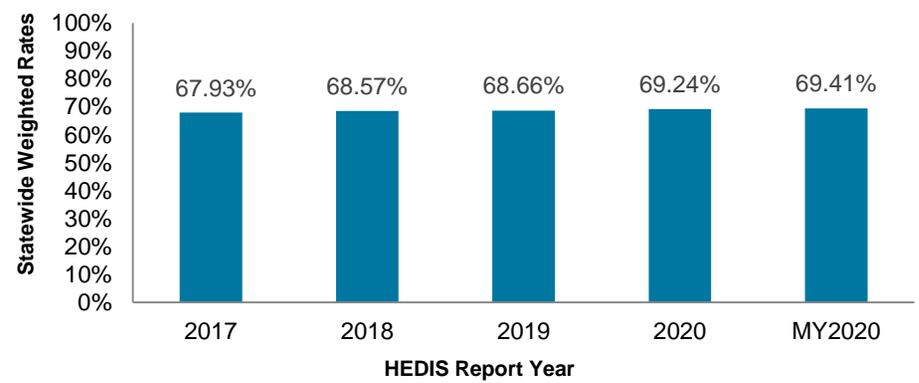
Medicaid HEDIS Trending—Effectiveness of Care Measures: Respiratory Conditions

Fig. 48. AMR: 51–64 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

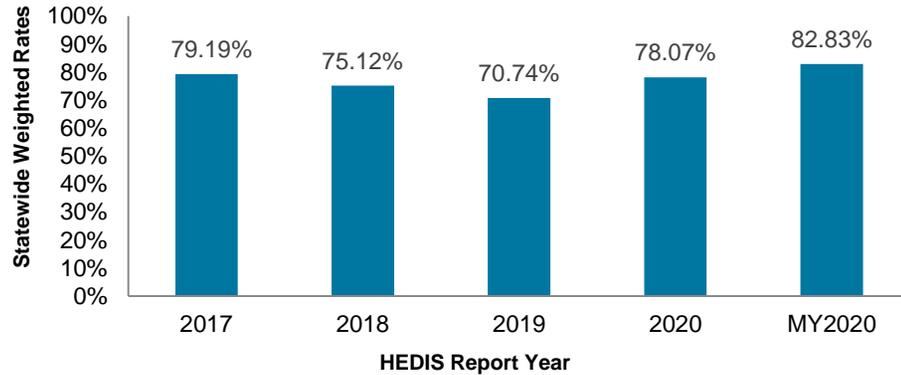
Fig. 49. AMR: Total



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

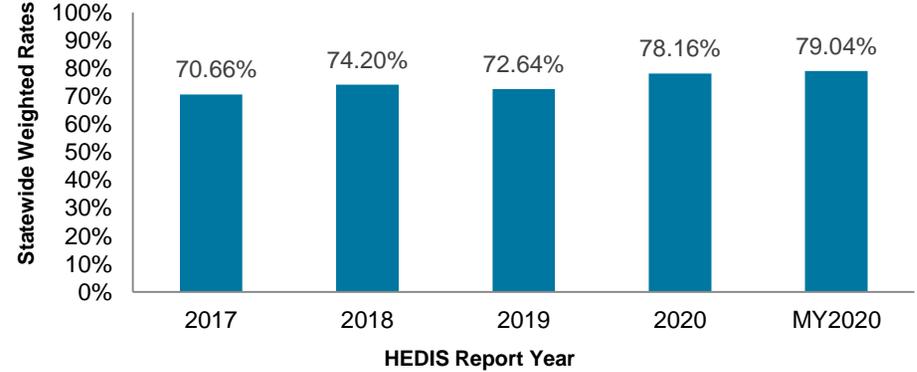
Effectiveness of Care Measures: Cardiovascular Conditions

Fig. 50. Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)



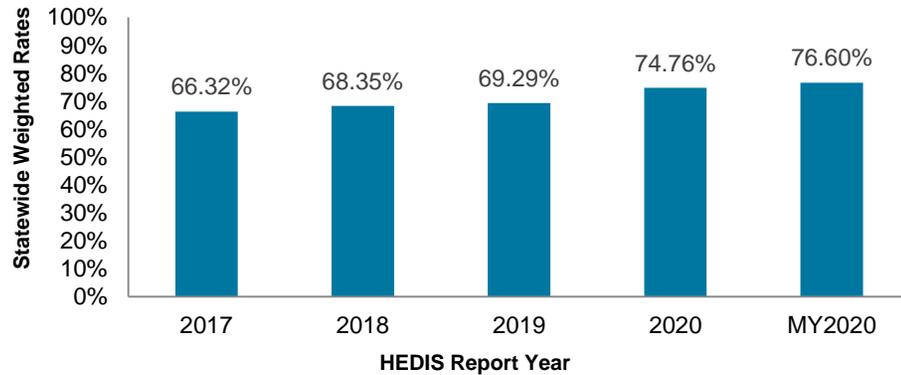
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 51. Statin Therapy for Patients With Cardiovascular Disease (SPC)—Received Statin Therapy: Males 21–75 Years



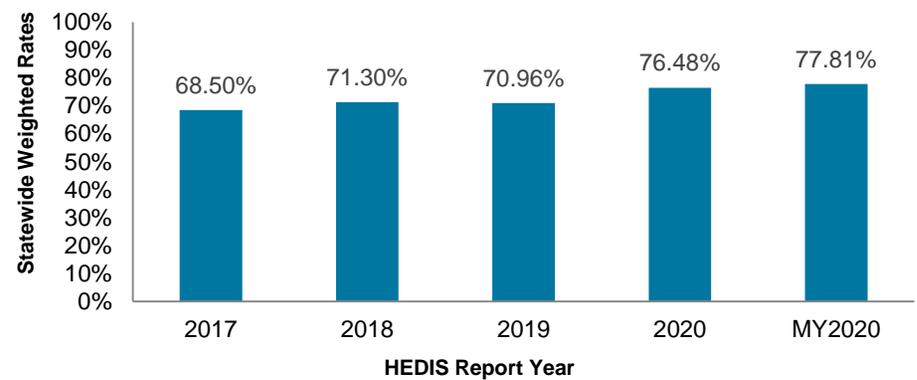
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 52. SPC—Received Statin Therapy: Females 40–75 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

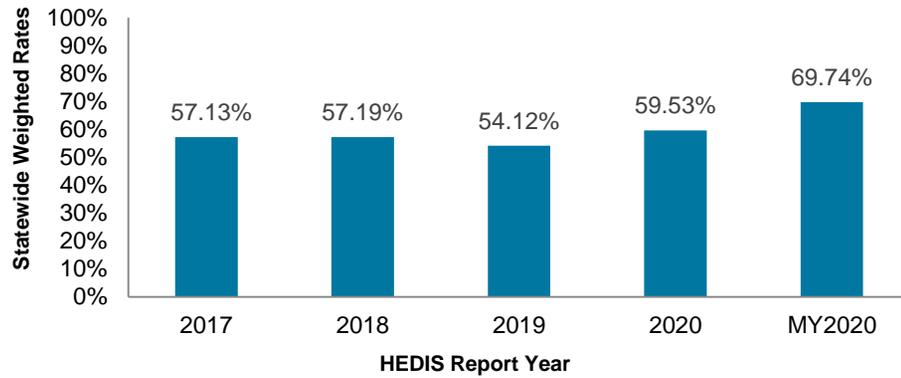
Fig. 53. SPC—Received Statin Therapy: Total



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

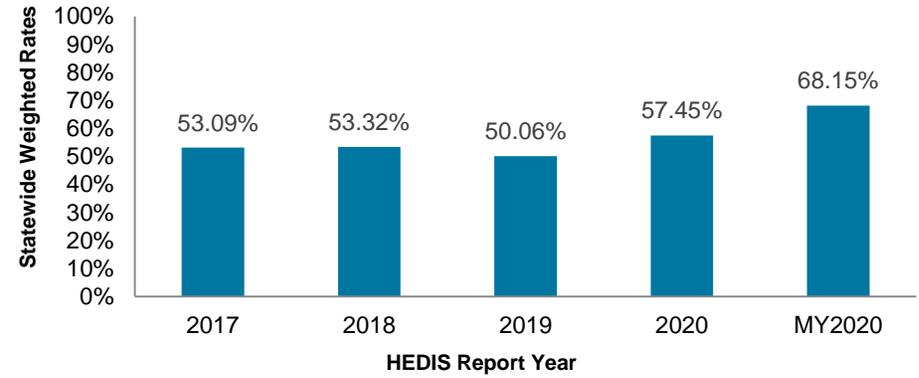
Medicaid HEDIS Trending—Effectiveness of Care Measures: Cardiovascular Conditions

Fig. 54. SPC—Statin Adherence 80%: Males 21–75 Years



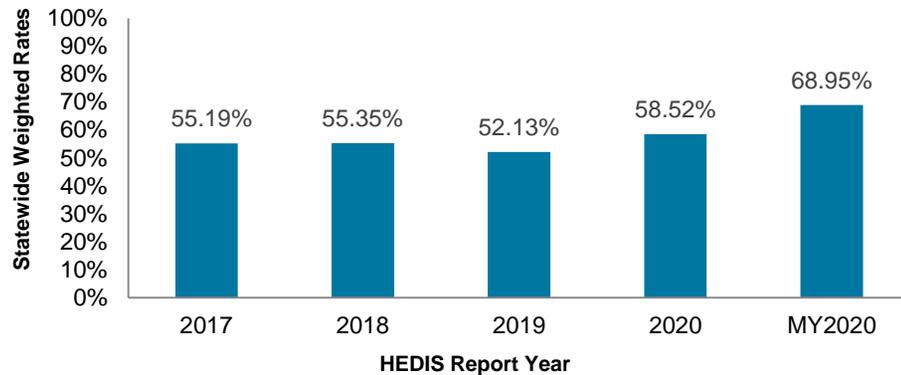
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 55. SPC—Statin Adherence 80%: Females 40–75 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

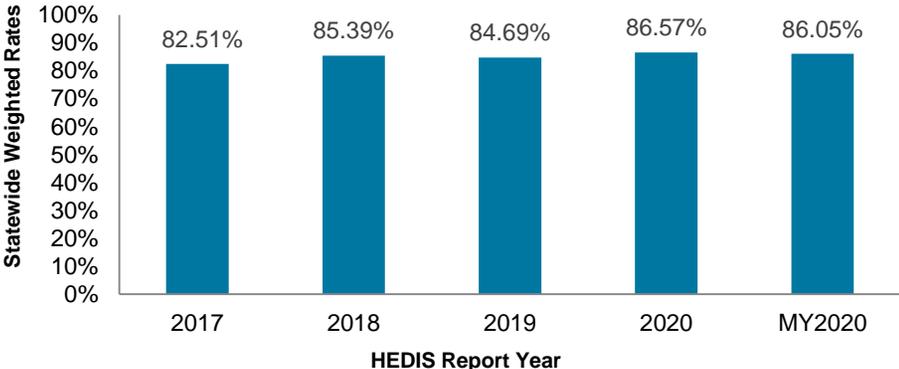
Fig. 56. SPC—Statin Adherence 80%: Total



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

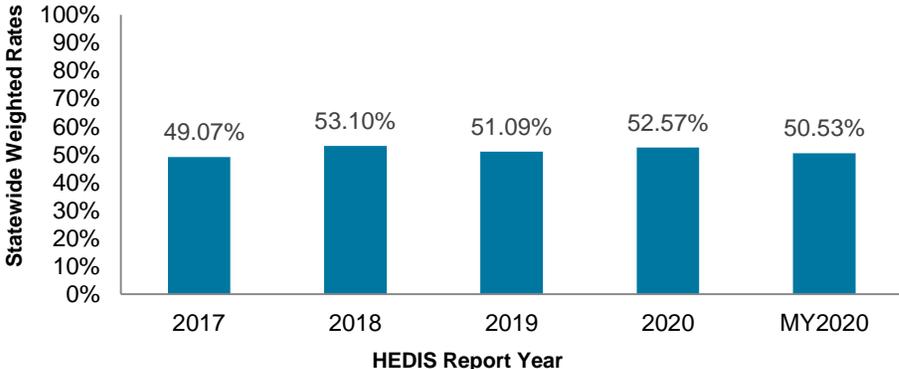
Effectiveness of Care Measures: Diabetes

Fig. 57. Comprehensive Diabetes Care (CDC): HbA1c Testing



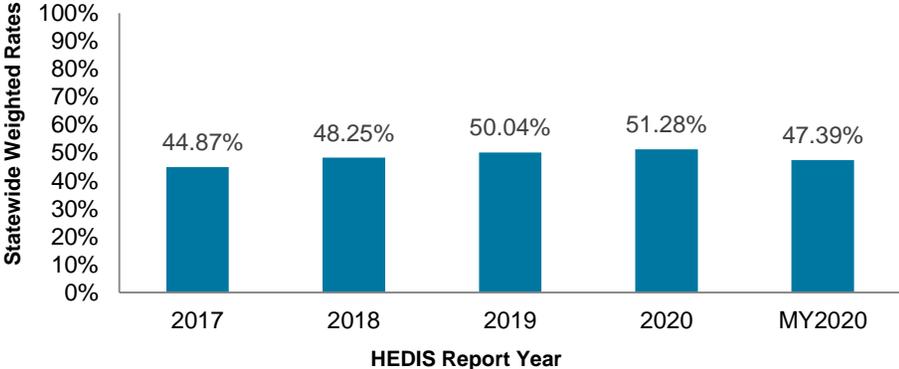
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 58. CDC: HbA1c Control (<8.0%)



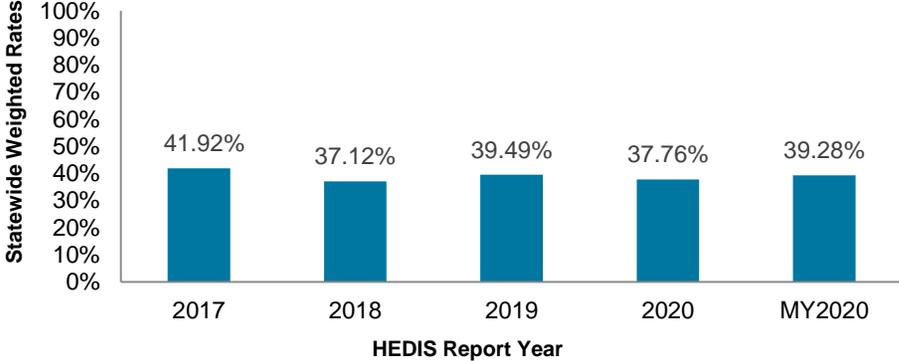
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 59. CDC: Retinal Eye Exam Performed



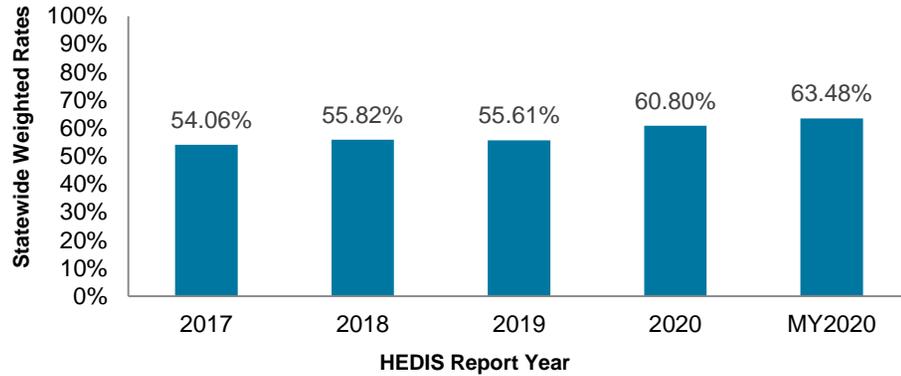
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 60. CDC: HbA1c Poor Control (>9.0%)*



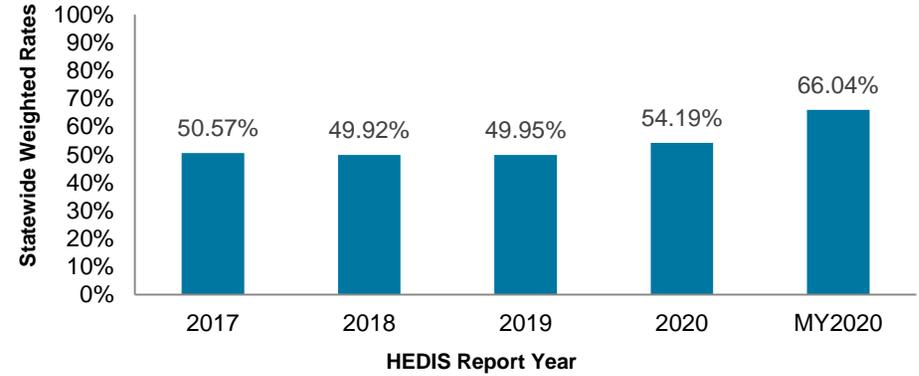
*Lower rates for this measure indicate better performance.
 Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 61. Statin Therapy for Patients with Diabetes (SPD): Received Statin Therapy



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

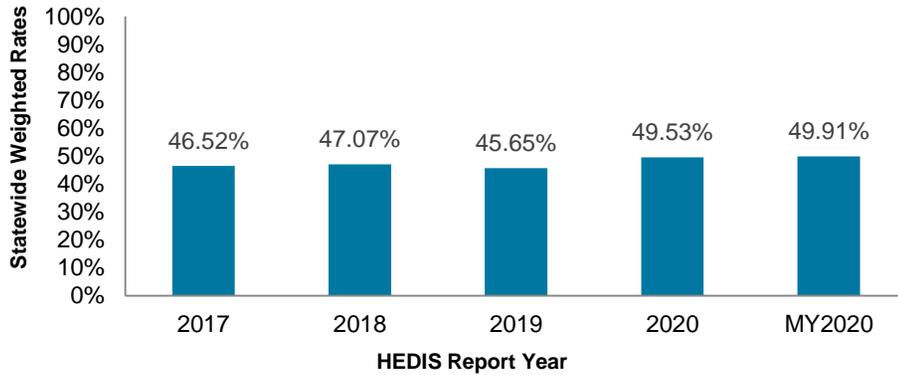
Fig. 62. SPD: Statin Adherence 80%



Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

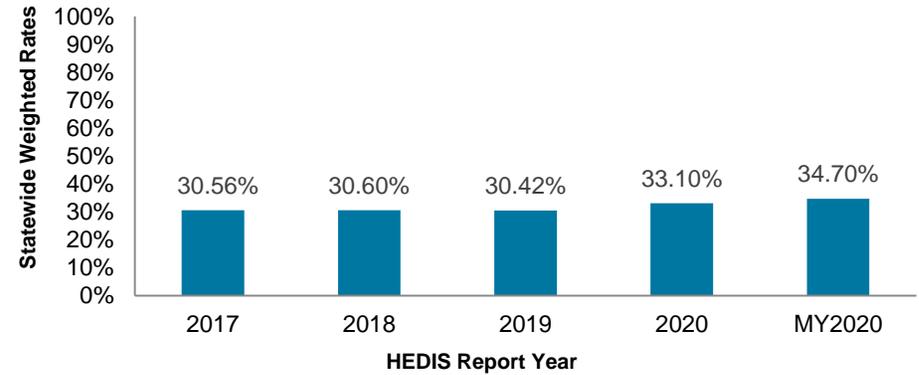
Effectiveness of Care Measures: Behavioral Health

Fig. 63. Antidepressant Medication Management (AMM): Effective Acute Phase Treatment



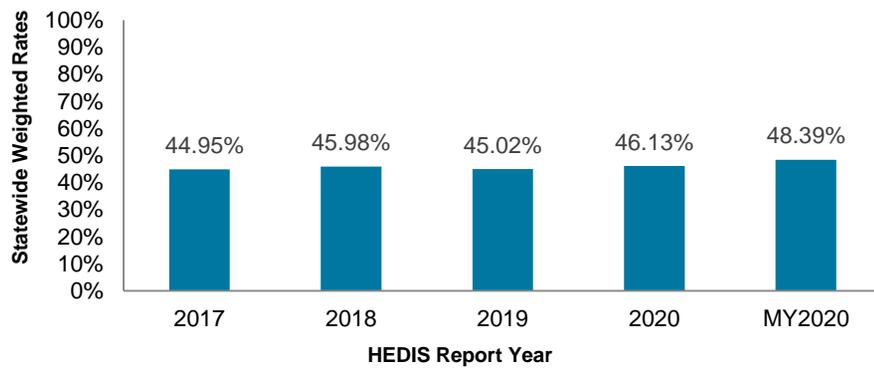
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2018 and previous years should be considered with caution.

Fig. 64. AMM: Effective Continuation Phase Treatment



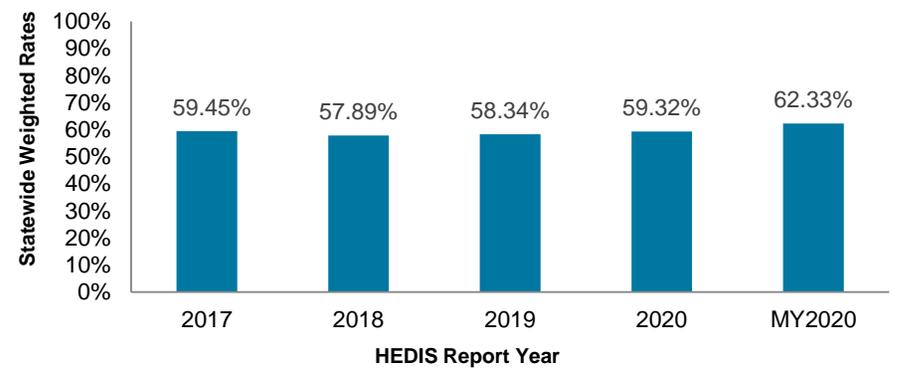
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2018 and previous years should be considered with caution.

Fig. 65. Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase



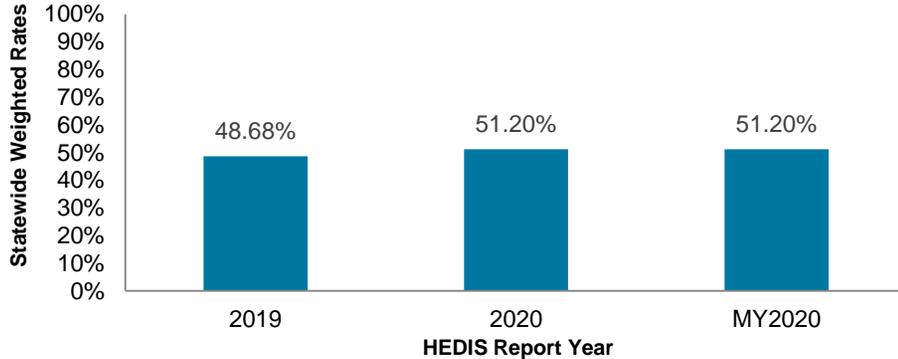
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 66. ADD: Continuation and Maintenance Phase



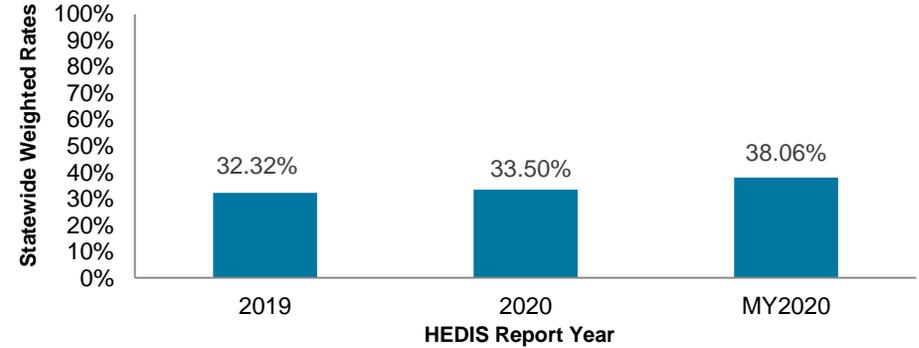
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 67. Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up: 6–17 Years



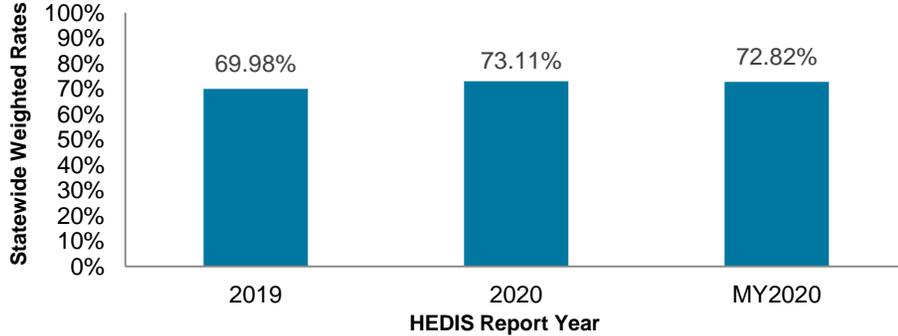
Footnote: Since NCQA added age stratification to this measure for HEDIS 2019, trending with prior years is not possible. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 68. FUH—7-Day Follow-Up: 18–64 Years



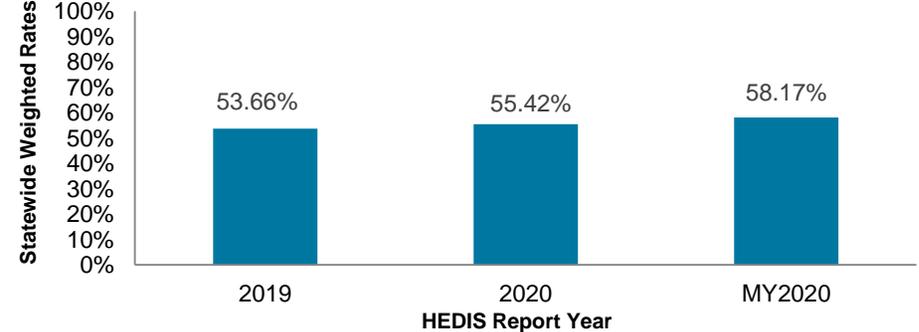
Footnote: Since NCQA added age stratification to this measure for HEDIS 2019, trending with prior years is not possible. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 69. FUH—30-Day Follow-Up: 6–17 Years



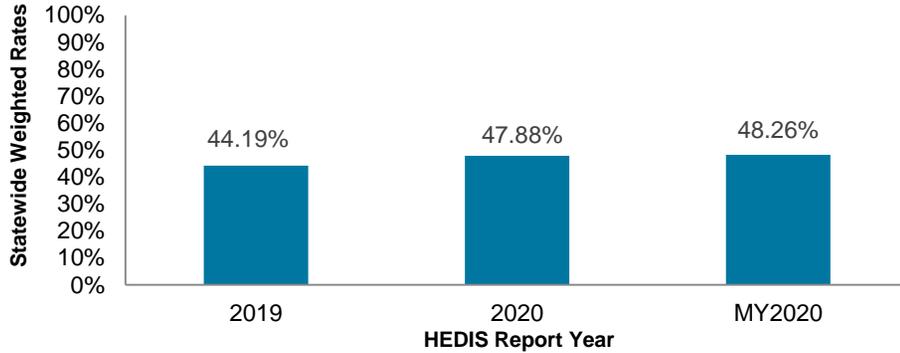
Footnote: Since NCQA added age stratification to this measure for HEDIS 2019, trending with prior years is not possible. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 70. FUH—30-Day Follow-Up: 18–64 Years



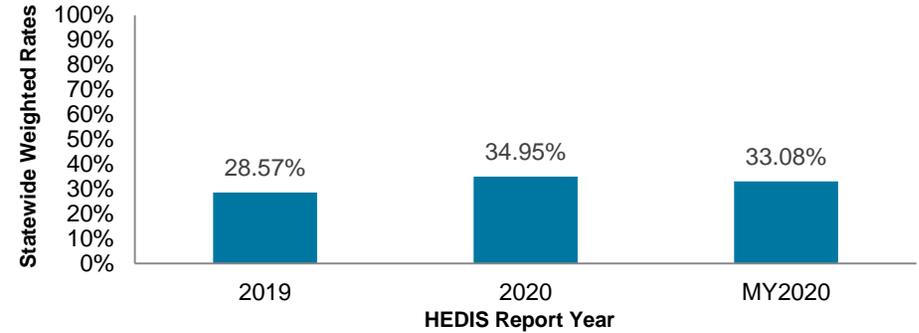
Footnote: Since NCQA added age stratification to this measure for HEDIS 2019, trending with prior years is not possible. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 71. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—7-Day Follow-Up: 6–17 Years



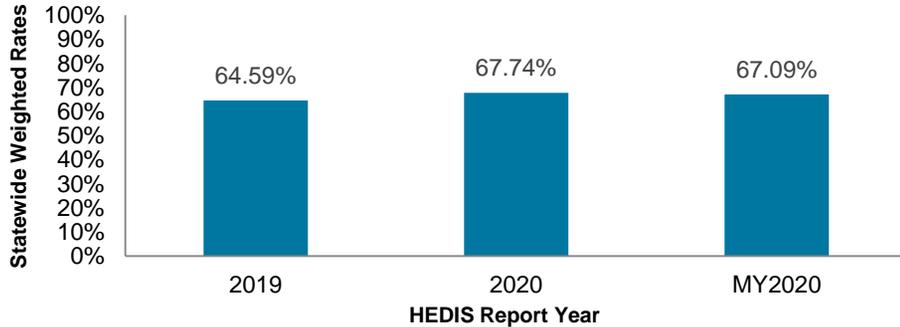
Footnote: Due to significant changes in measure specifications for HEDIS 2019, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 72. FUM—7-Day Follow-Up: 18–64 Years



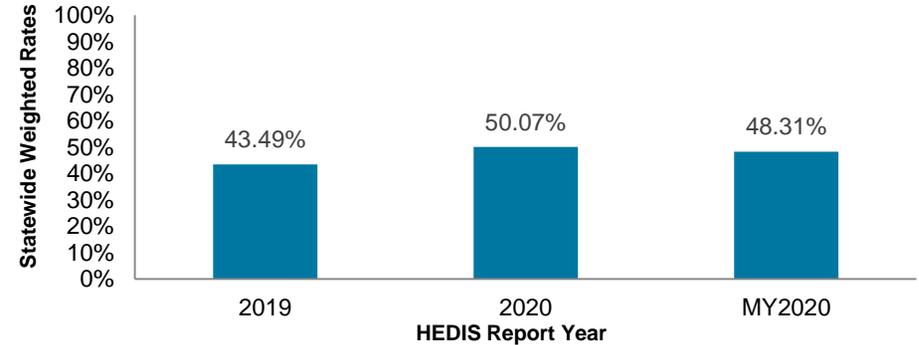
Footnote: Due to significant changes in measure specifications for HEDIS 2019, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 73. FUM—30-Day Follow-Up: 6–17 Years



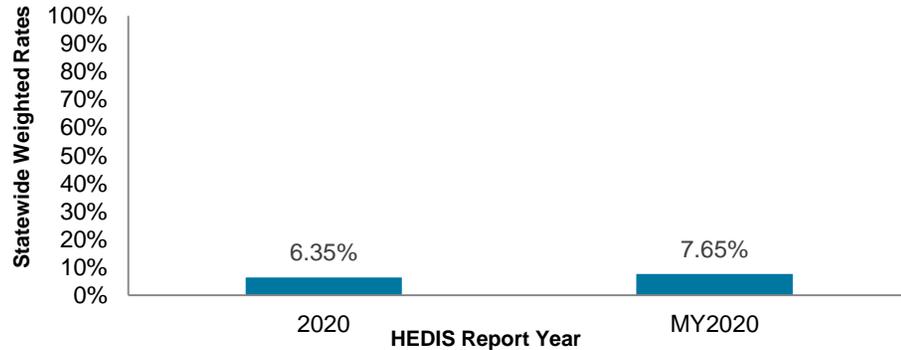
Footnote: Due to significant changes in measure specifications for HEDIS 2019, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 74. FUM—30-Day Follow-Up: 18–64 Years



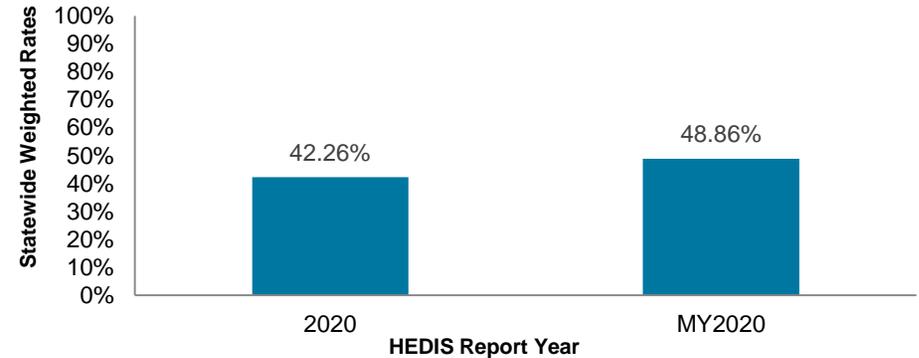
Footnote: Due to significant changes in measure specifications for HEDIS 2019, NCQA indicated a break in trending to prior years. NCQA also indicated that trending between MY2020 and previous years should be considered with caution.

Fig. 75. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)—7-Day Follow-Up: 13–17 Years



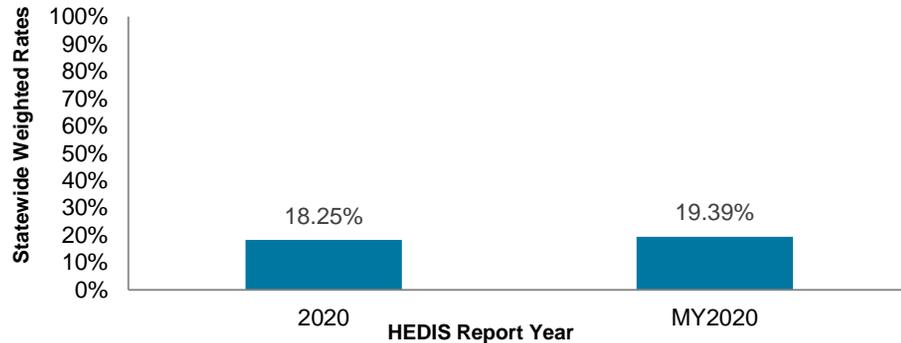
Footnote: First-year measure for HEDIS 2020. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 76. FUI—7-Day Follow-Up: 18–64 Years



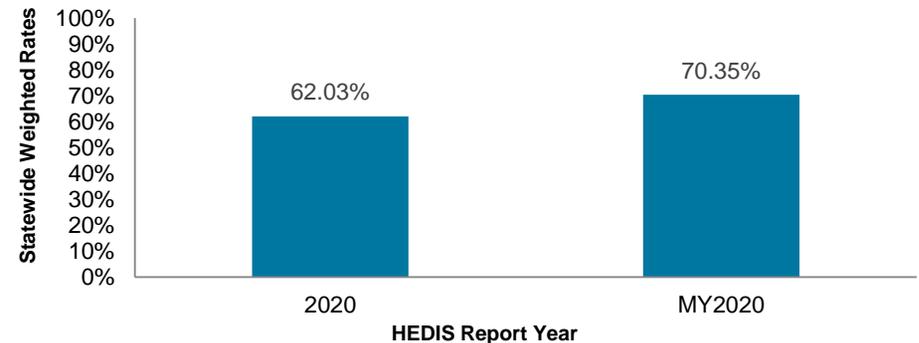
Footnote: First-year measure for HEDIS 2020. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 77. FUI—30-Day Follow-Up: 13–17 Years



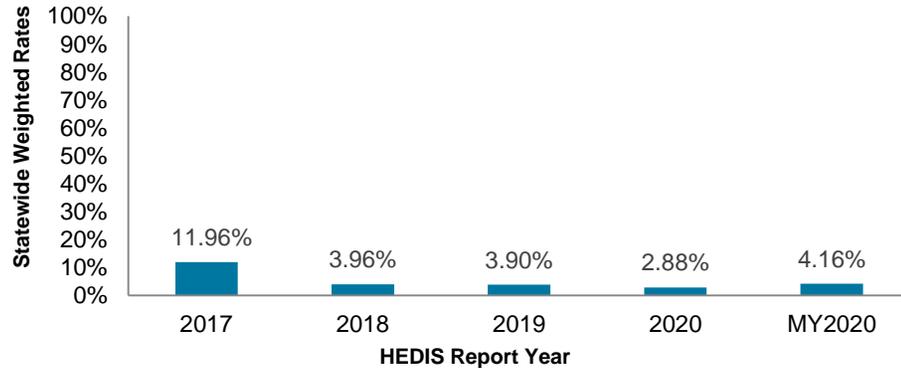
Footnote: First-year measure for HEDIS 2020. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 78. FUI—30-Day Follow-Up: 18–64 Years



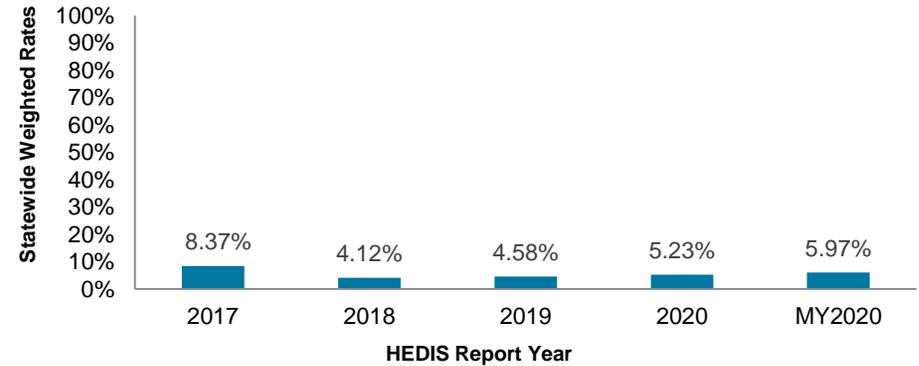
Footnote: First-year measure for HEDIS 2020. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 79. Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (FUA)—7-Day Follow-Up: 13–17 Years



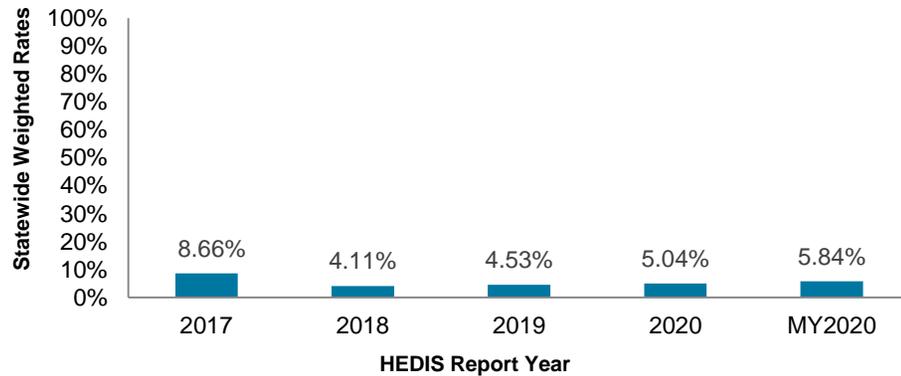
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 80. FUA—7-Day Follow-Up: ≥18 Years



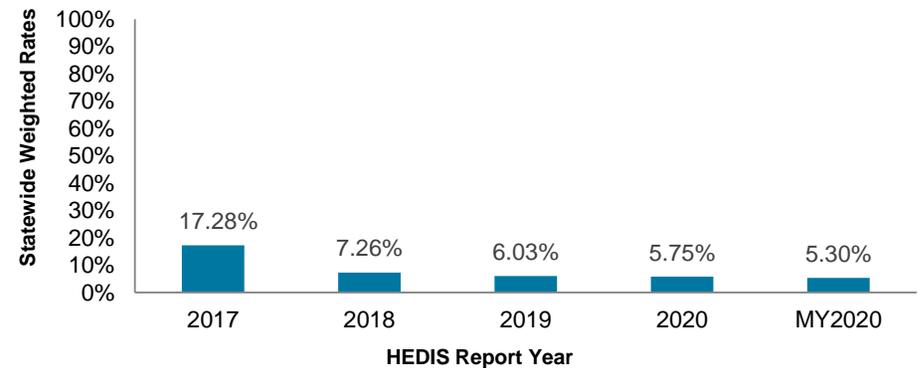
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 81. FUA—7-Day Follow-Up: Total



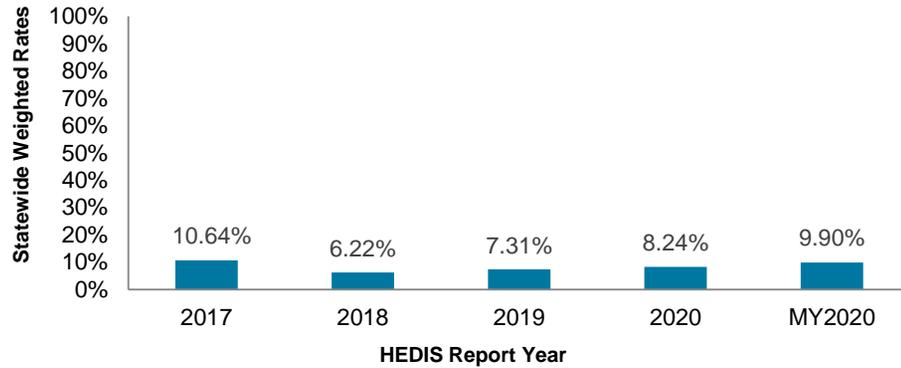
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 82. FUA—30-Day Follow-Up: 13–17 Years



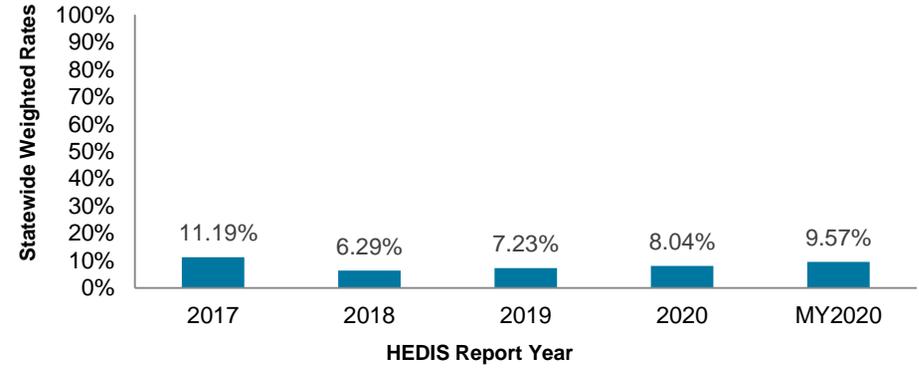
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 83. FUA—30-Day Follow-Up: ≥18 Years



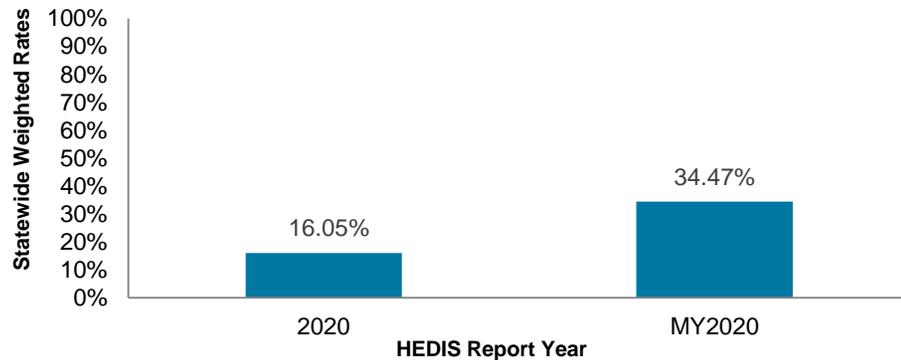
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 84. FUA—30-Day Follow-Up: Total



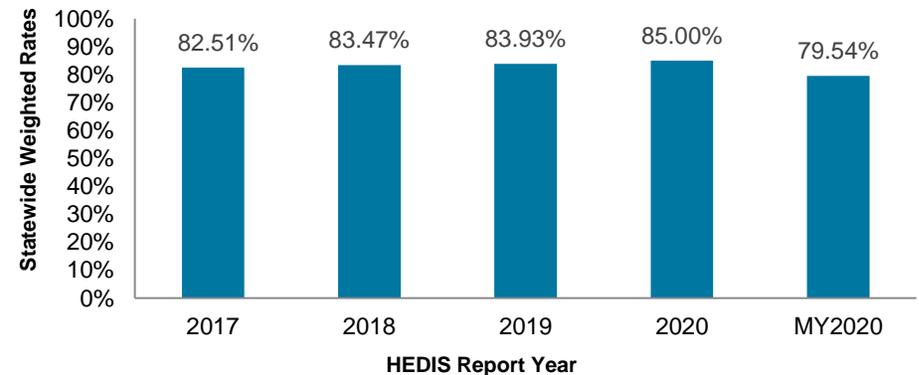
Footnote: Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 85. Pharmacotherapy for Opioid Use Disorder (POD)



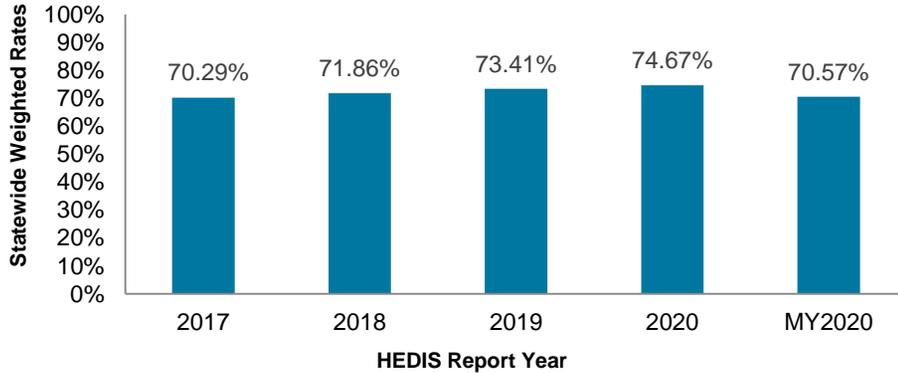
Footnote: First-year measure for HEDIS 2020. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 86. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)



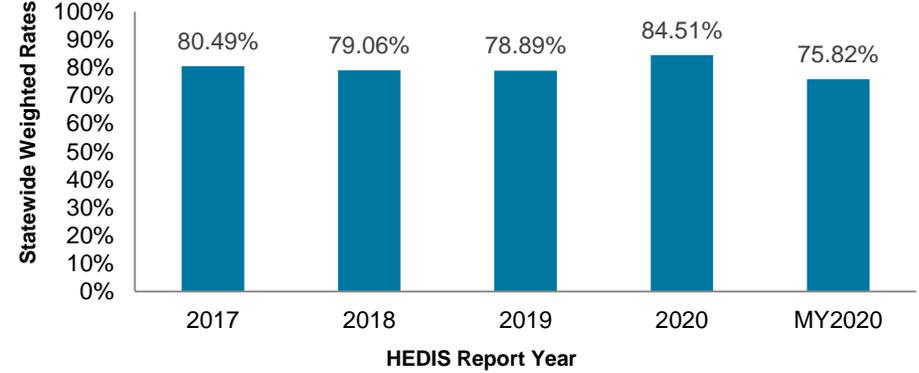
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 87. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)



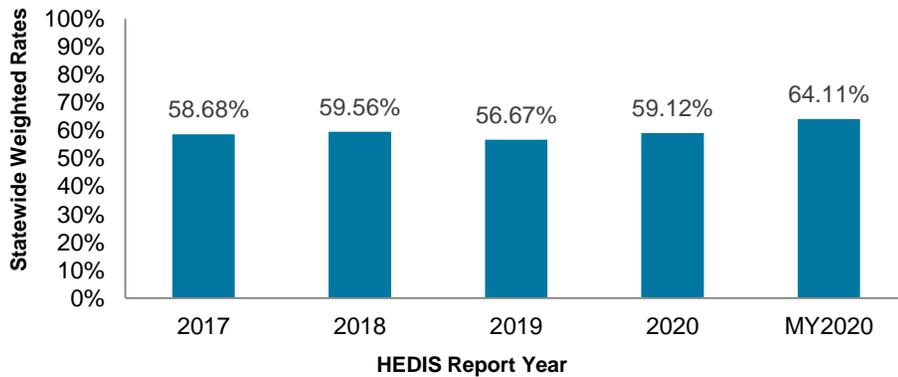
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 88. Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)



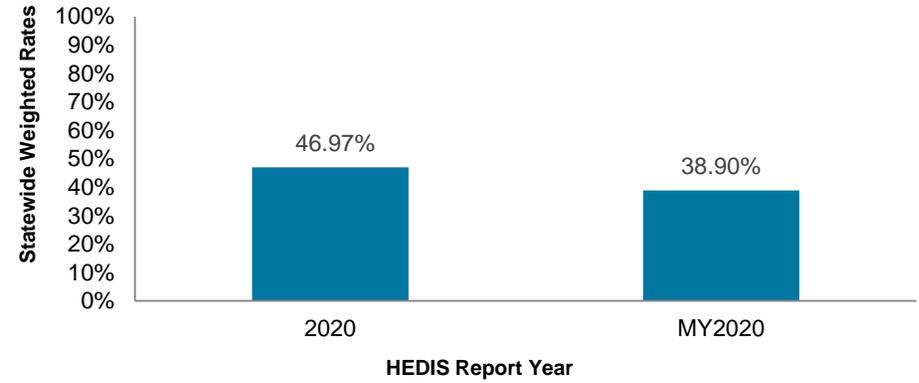
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 89. Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)



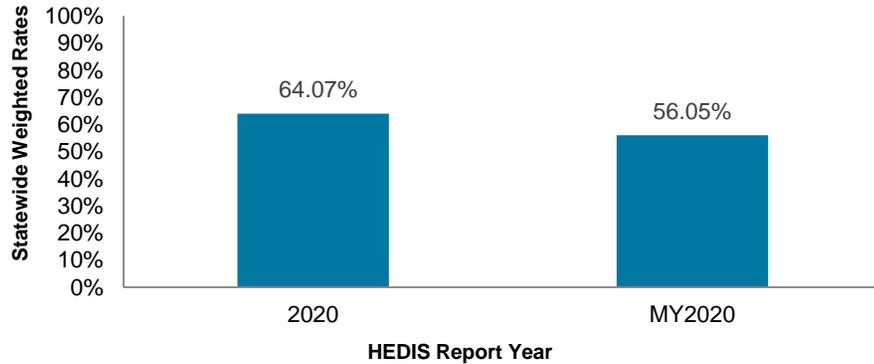
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 90. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Blood Glucose Testing: 1–11 Years



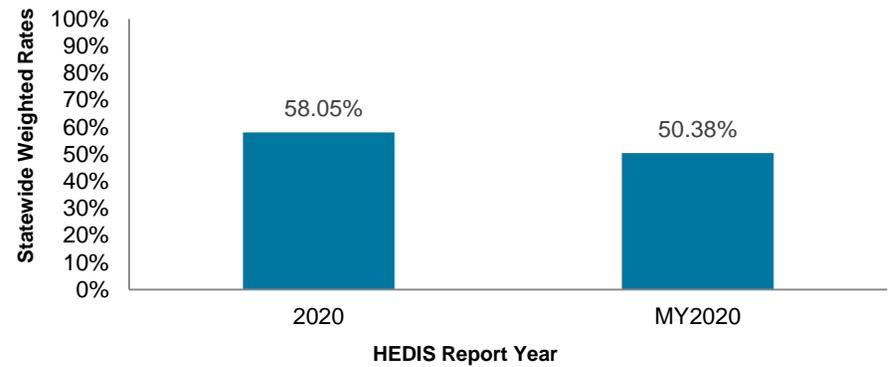
Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 91. APM—Blood Glucose Testing: 12–17 Years



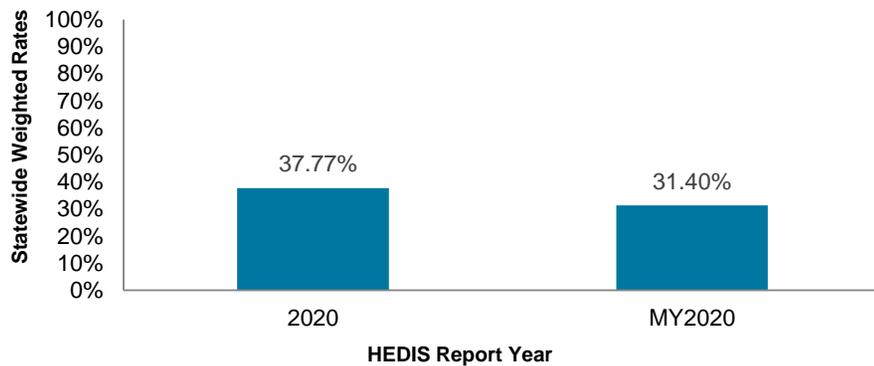
Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 92. APM—Blood Glucose Testing: Total



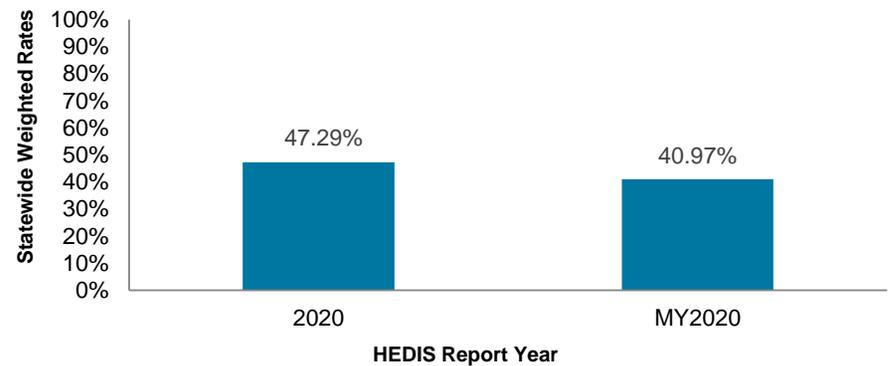
Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 93. APM—Cholesterol Testing: 1-11 Years



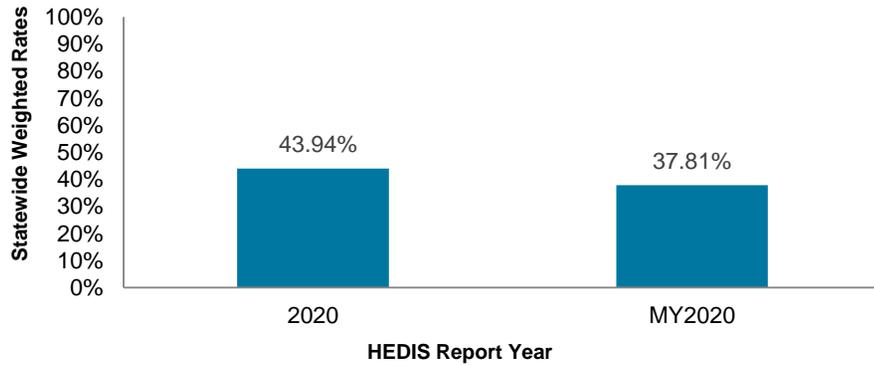
Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 94. APM—Cholesterol Testing: 12-17 Years



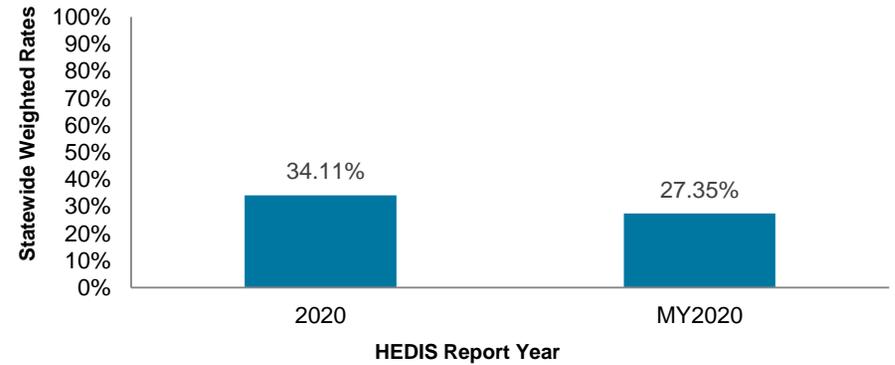
Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 95. APM—Cholesterol Testing: Total



Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 96. APM—Blood Glucose and Cholesterol Testing: 1-11 Years



Footnote: Since age stratifications/measure indicators were changed for this measure for HEDIS 2020, trending with prior years is not possible.

Fig. 97. APM—Blood Glucose and Cholesterol Testing: 12-17 Years

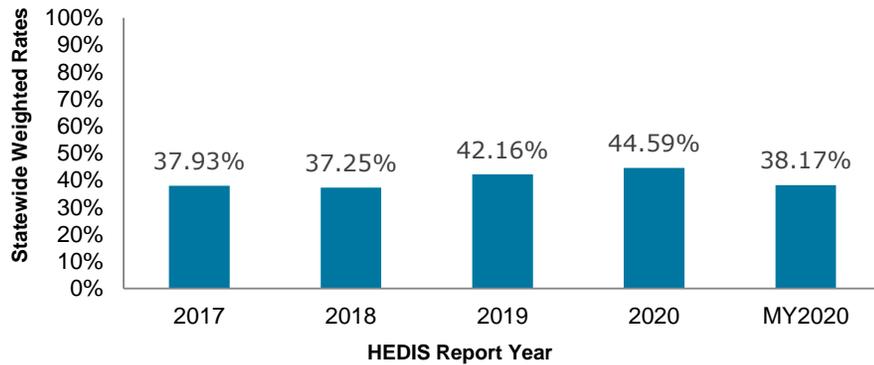
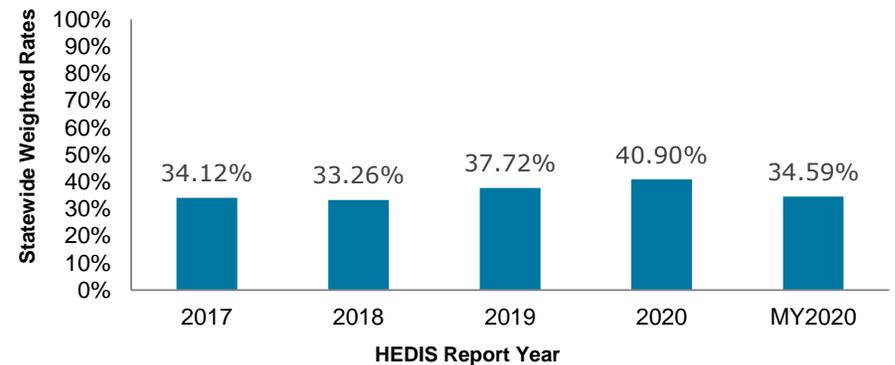
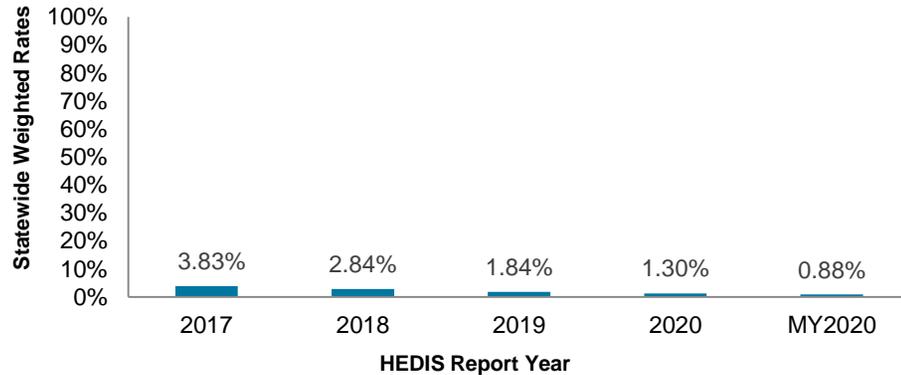


Fig. 98. APM: Blood Glucose and Cholesterol Testing: Total



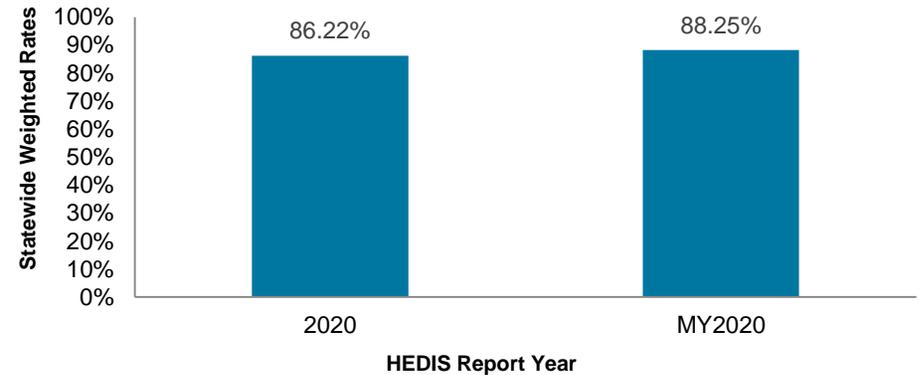
Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 99. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*



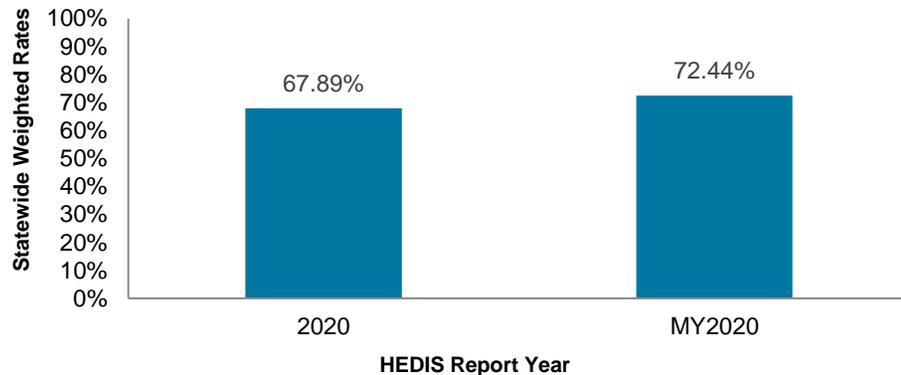
*Lower rates for this measure indicate better performance.

Fig. 100. Appropriate Treatment for Upper Respiratory Infection (URI): 3 Months–17 Years



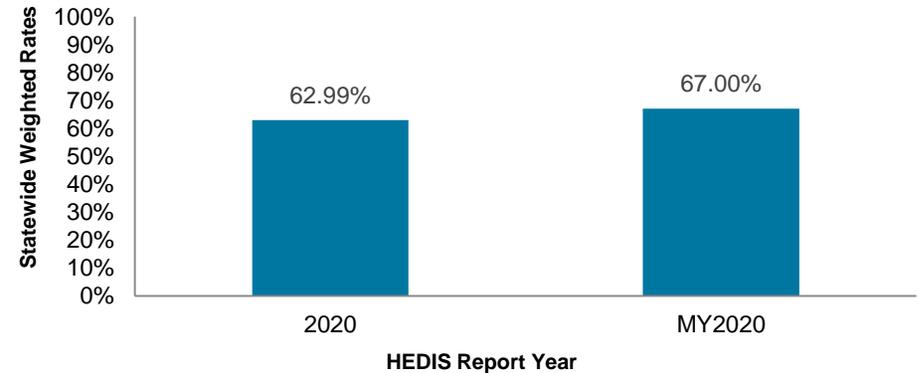
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years.

Fig. 101. URI: 18–64 Years



Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years.

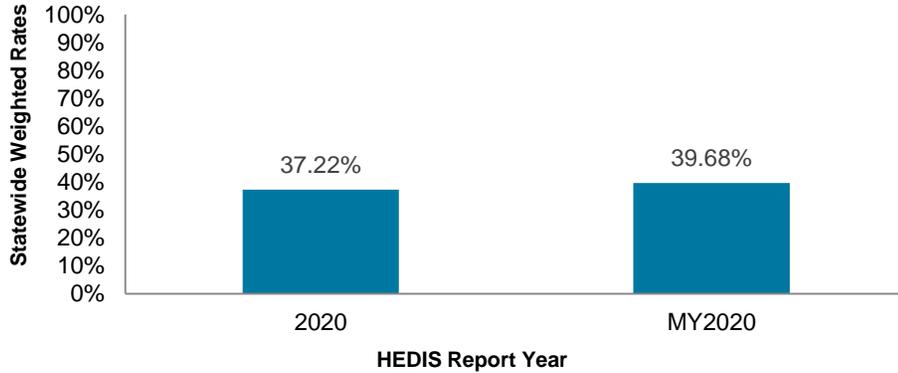
Fig. 102. Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): 3 Months–17 Years



Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years.

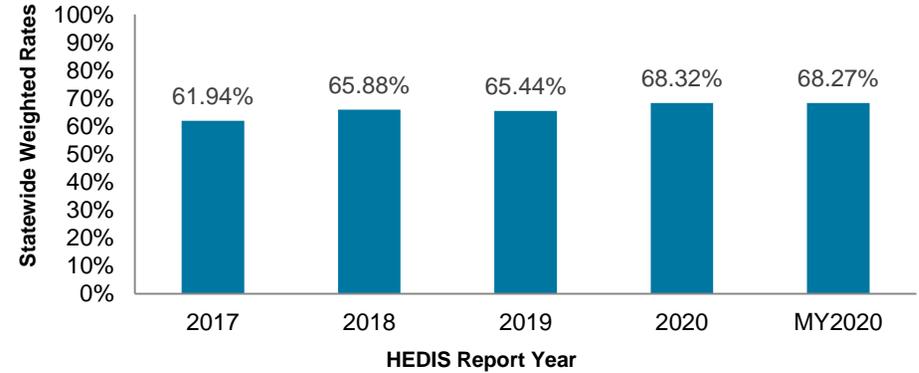
Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

Fig. 103. AAB: 18–64 Years



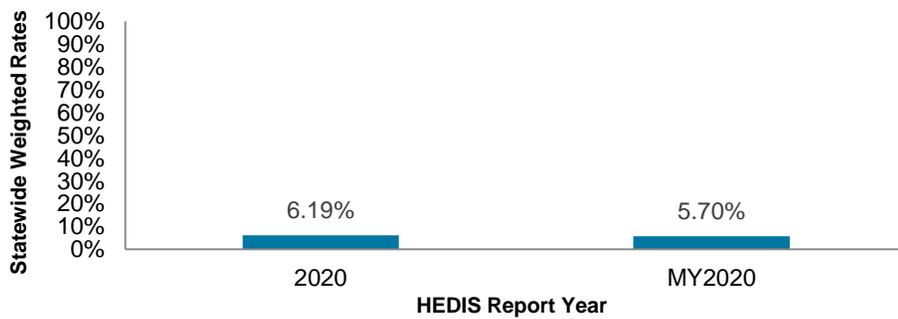
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years.

Fig. 104. Use of Imaging Studies for Low Back Pain (LBP)



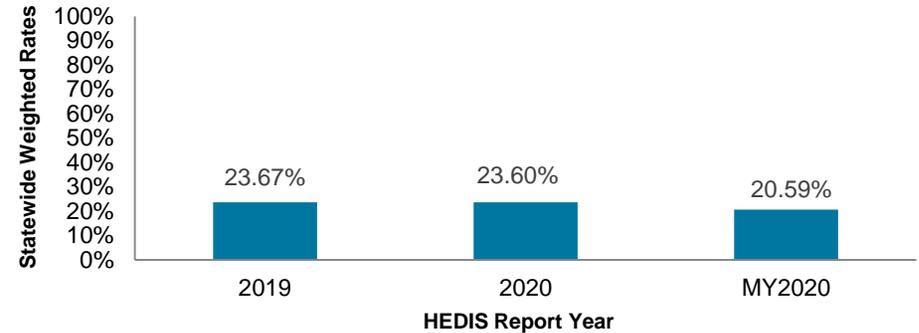
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2018 and previous years should be considered with caution.

Fig. 105. Use of Opioids at High Dosage (HDO)*



*Lower rates for this measure indicate better performance.
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years. NCQA also indicated trending between MY2020 and previous years should be considered with caution.

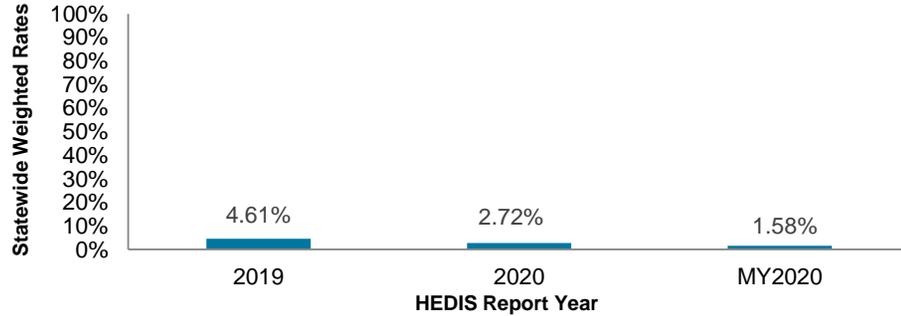
Fig. 106. Use of Opioids from Multiple Providers (UOP): Multiple Prescribers*



*Lower rates for this measure indicate better performance.
Footnote: NCQA indicated a break in trending for HEDIS 2019 due to measure results being displayed as a percentage. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Medicaid HEDIS Trending—Effectiveness of Care Measures: Overuse/Appropriateness

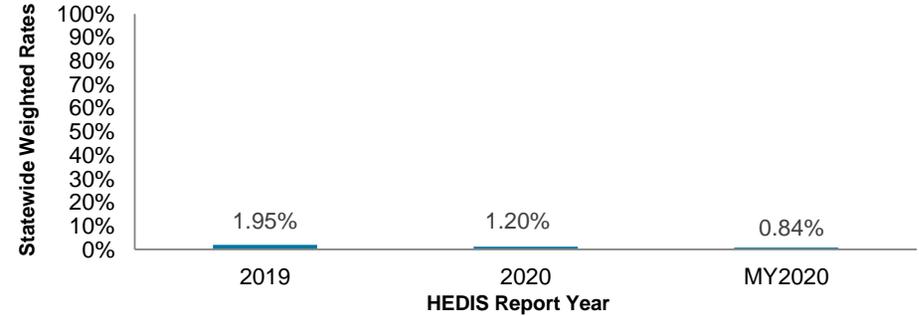
Fig. 107. UOP: Multiple Pharmacies*



*Lower rates for this measure indicate better performance.

Footnote: NCQA indicated a break in trending for HEDIS 2019 due to measure results being displayed as a percentage. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

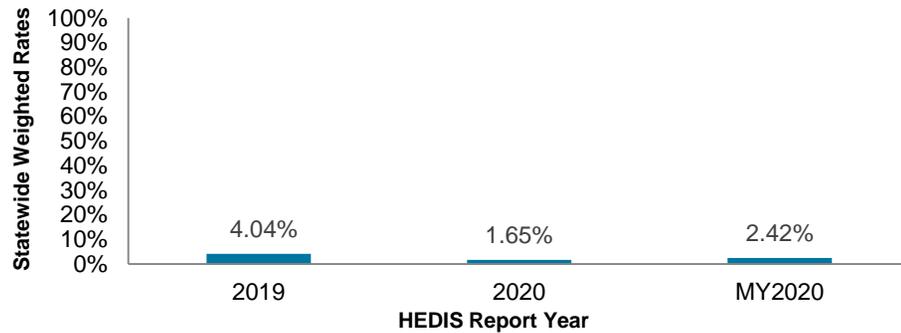
Fig. 108. UOP: Multiple Prescribers and Pharmacies*



*Lower rates for this measure indicate better performance.

Footnote: NCQA indicated a break in trending for HEDIS 2019 due to measure results being displayed as a percentage. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

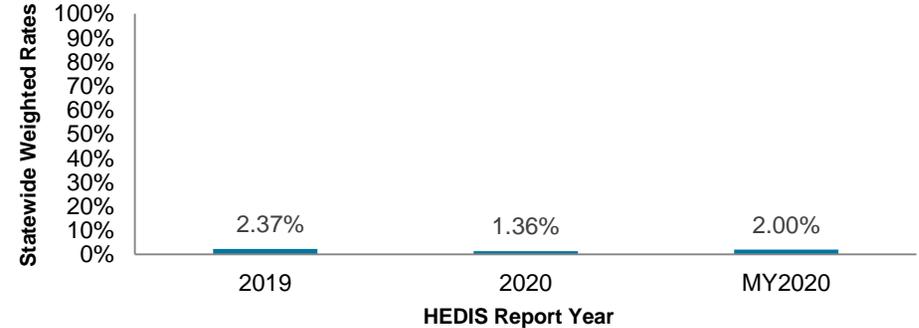
Fig. 109. Risk of Continued Opioid Use (COU): ≥15 days/30-day period*



*Lower rates for this measure indicate better performance.

Footnote: First-year measure for HEDIS 2019. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 110. COU: ≥ 31 days/62-day period*

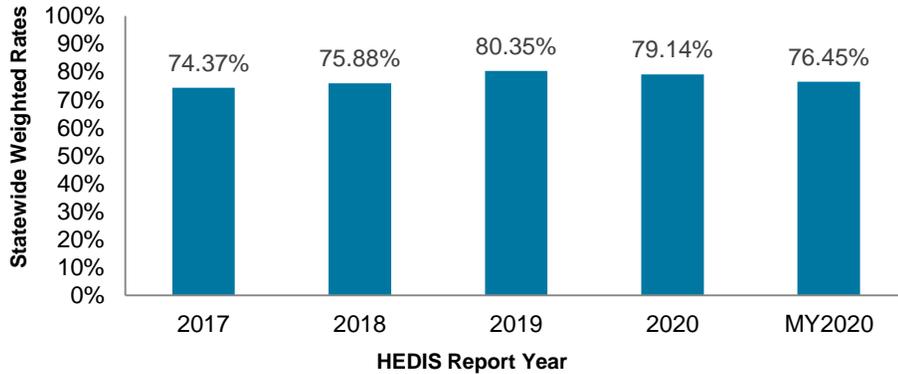


*Lower rates for this measure indicate better performance.

Footnote: First-year measure for HEDIS 2019. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

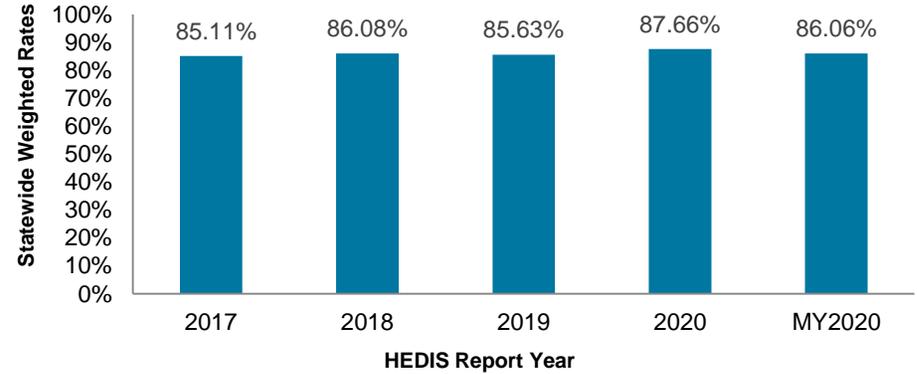
Access/Availability of Care Measures

Fig. 111. Adults' Access to Preventive/Ambulatory Health Services (AAP): 20–44 Years



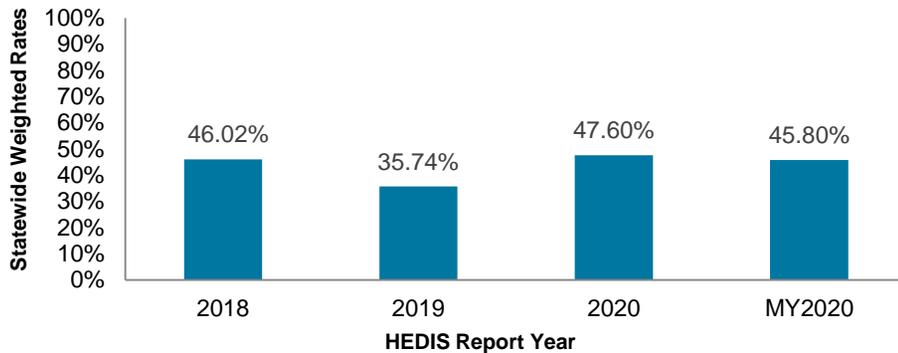
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 112. AAP: 45–64 Years



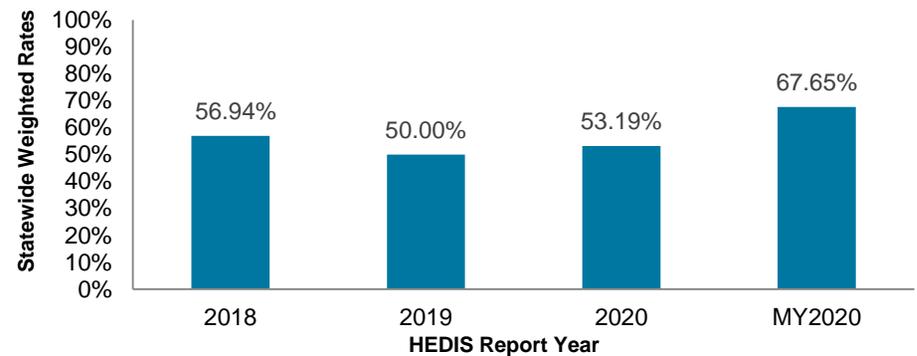
Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2019 and previous years should be considered with caution.

Fig. 113. Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)—Initiation: 13–17 Years: Alcohol



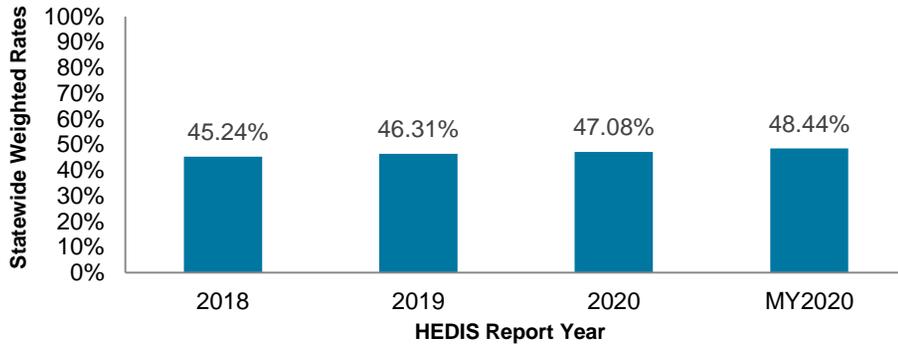
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 114. IET—Initiation: 13–17 Years: Opioid



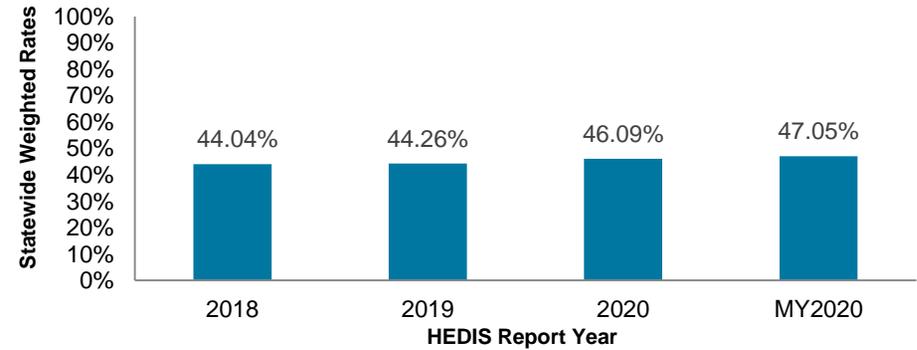
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 115. IET—Initiation: 13–17 Years: Other Drug



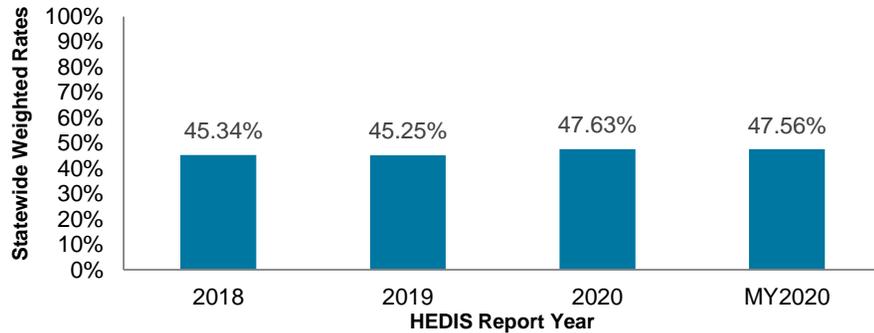
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 116. IET—Initiation: 13–17 Years: Total



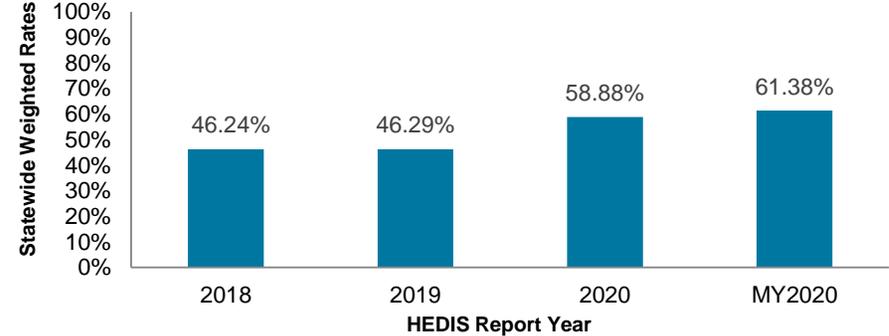
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 117. IET—Initiation: ≥18 Years: Alcohol



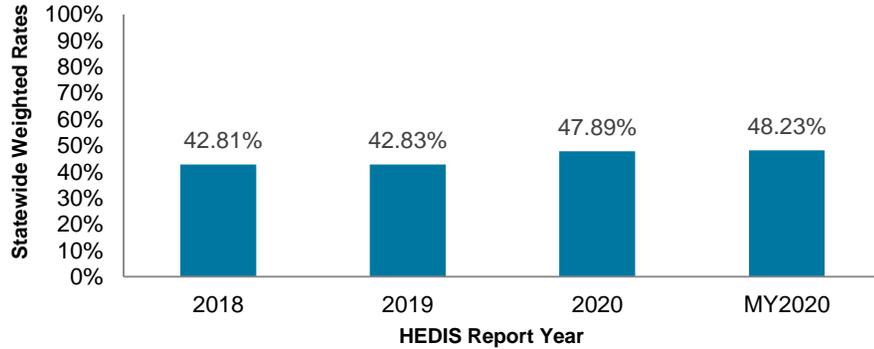
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 118. IET—Initiation: ≥18 Years: Opioid



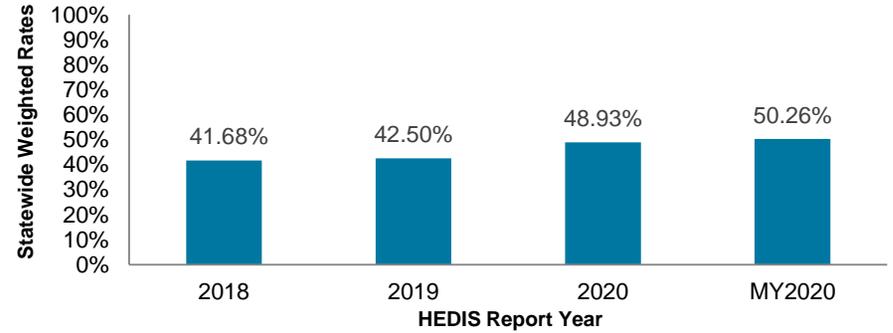
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 119. IET—Initiation: ≥18 Years: Other Drug



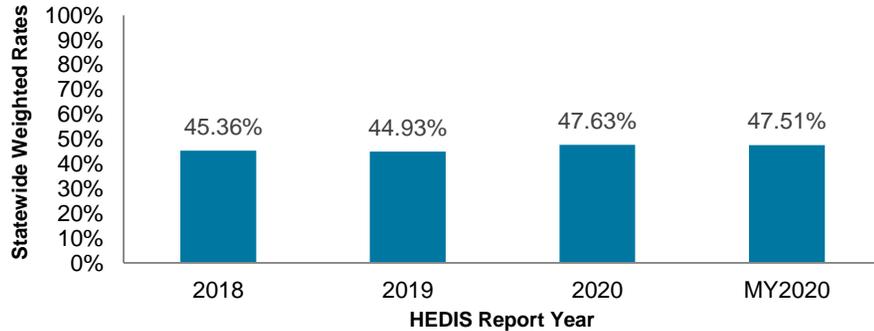
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 120. IET—Initiation: ≥18 Years Total



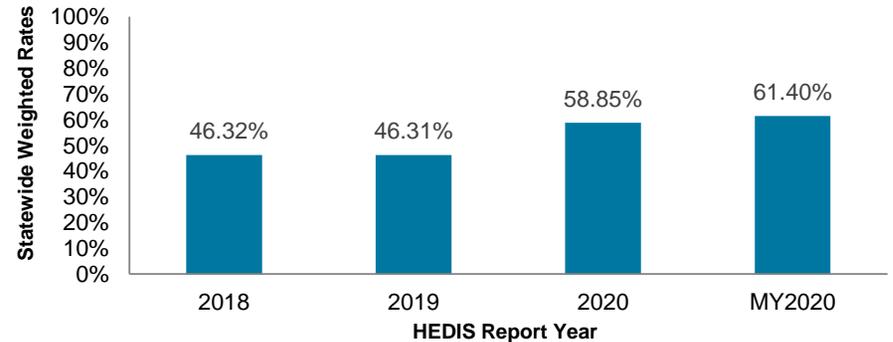
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 121. IET—Initiation: Total: Alcohol



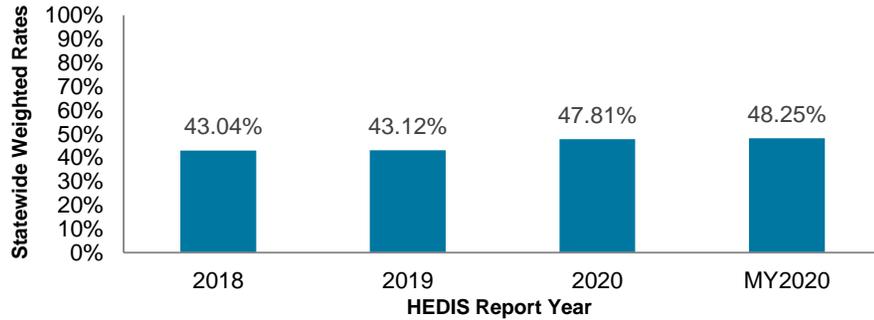
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 122. IET—Initiation: Total: Opioid



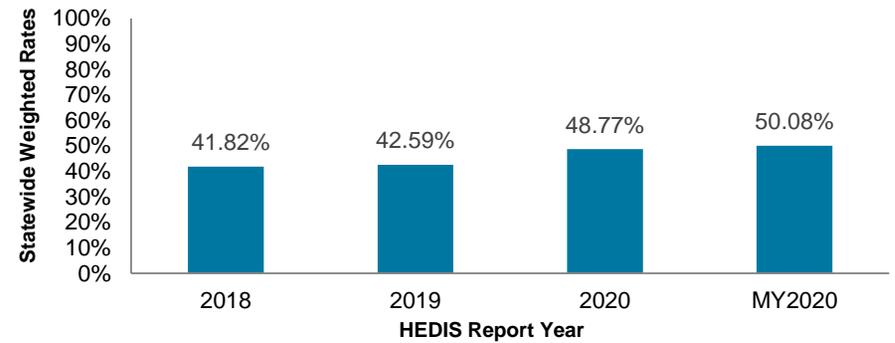
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 123. IET—Initiation: Total: Other Drug



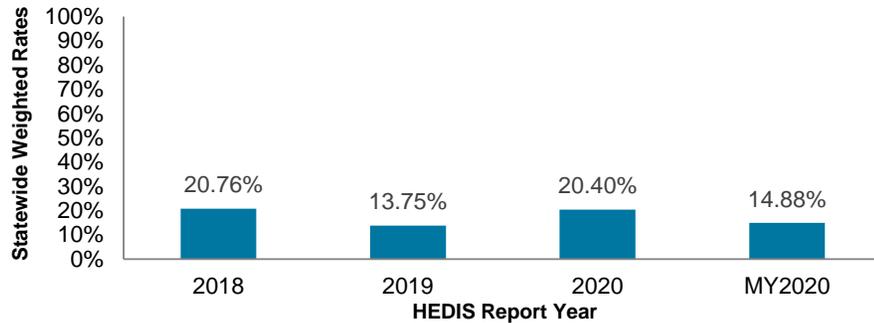
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 124. IET—Initiation: Total



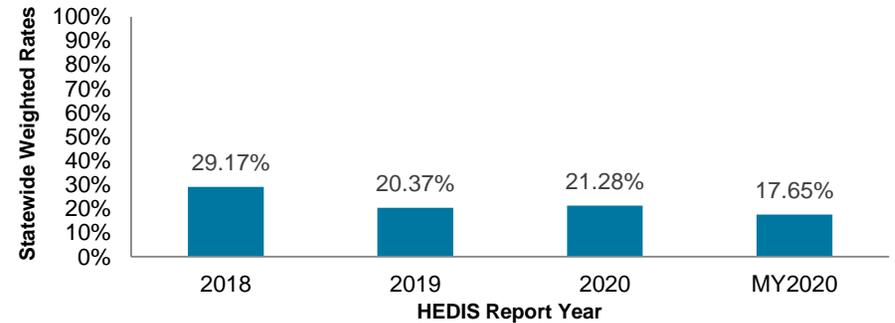
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 125. IET—Engagement: 13–17 Years: Alcohol



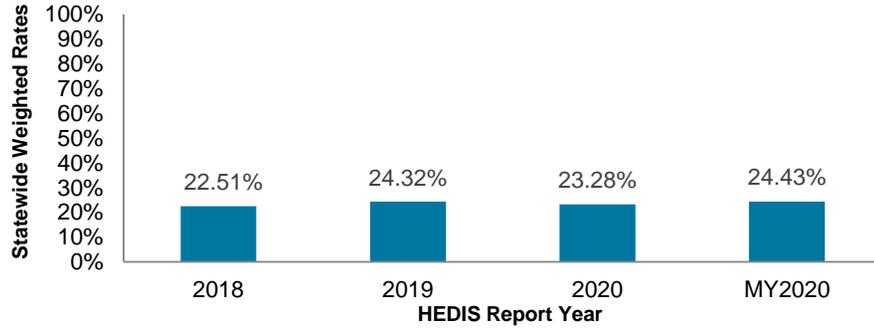
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 126. IET—Engagement: 13–17 Years: Opioid



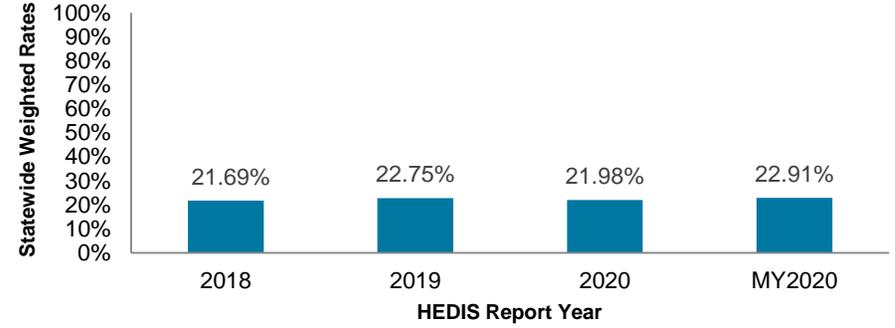
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 127. IET—Engagement: 13–17 Years: Other Drug



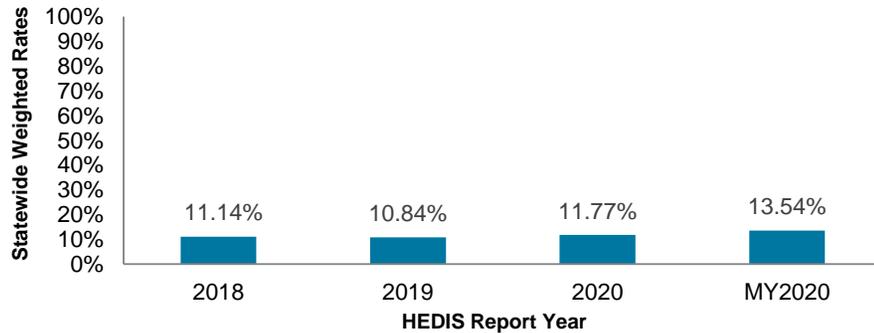
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 128. IET—Engagement: 13–17 Years: Total



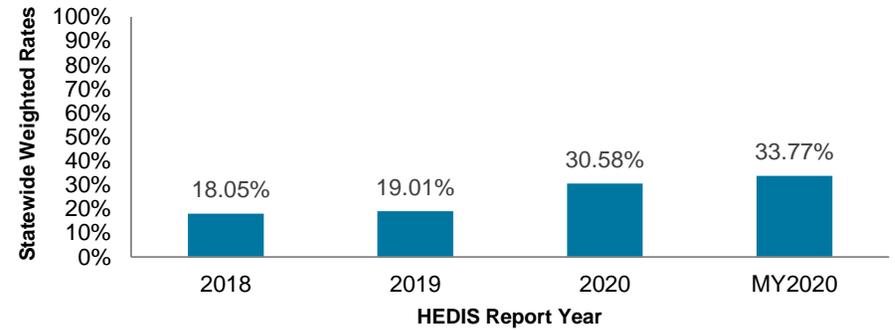
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 129. IET—Engagement: ≥18 Years: Alcohol



Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

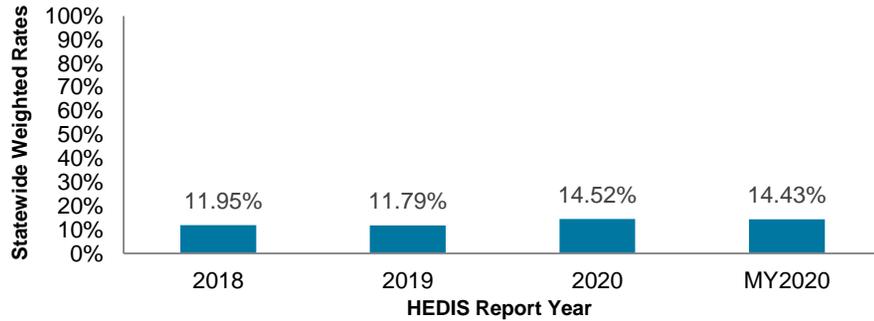
Fig. 130. IET—Engagement: ≥18 Years: Opioid



Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

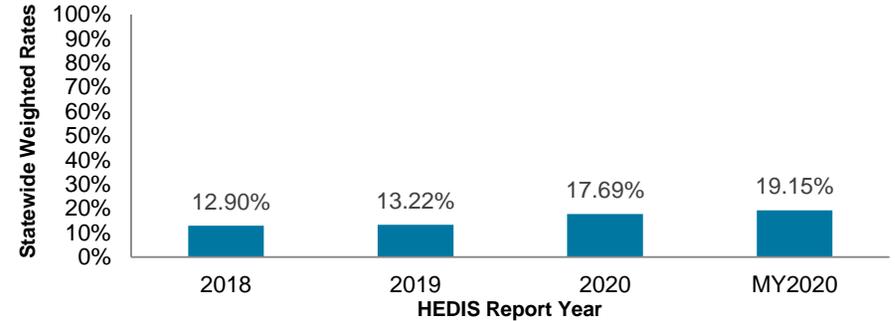
Medicaid HEDIS Trending—Access/Availability of Care Measures

Fig. 131. IET—Engagement: ≥18 Years: Other Drug



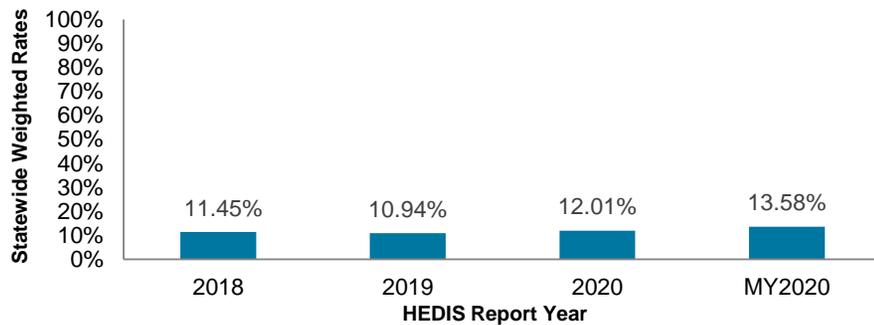
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 132. IET—Engagement: ≥18 Years: Total



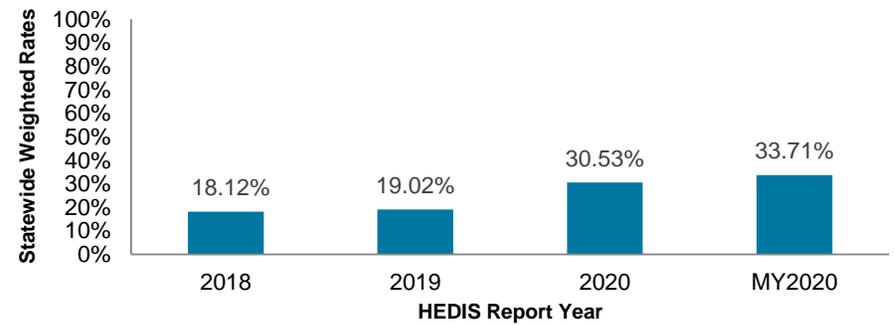
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 133. IET—Engagement: Total: Alcohol



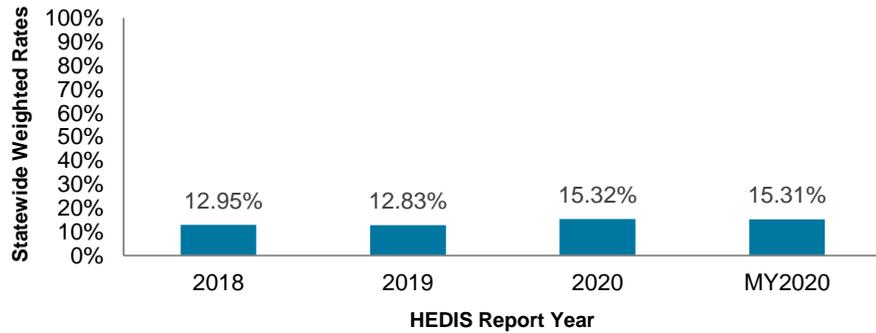
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 134. IET—Engagement: Total: Opioid



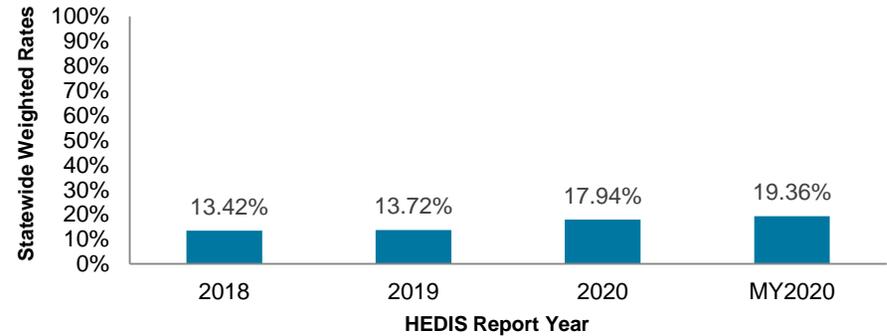
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 135. IET—Engagement: Total: Other Drug



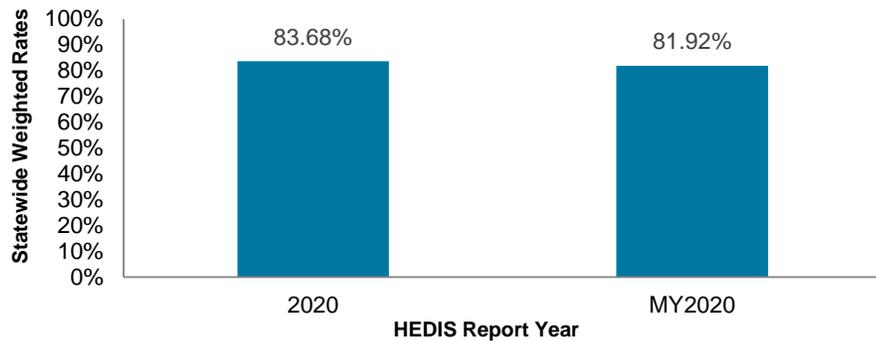
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 136. IET—Engagement: Total



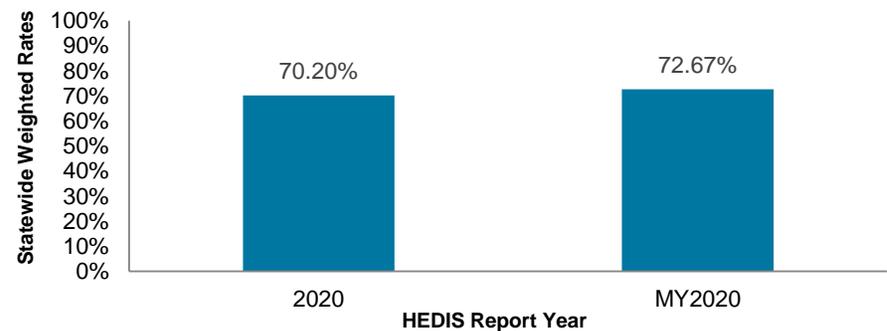
Footnote: Since cohorts and other specifications were added to this measure for HEDIS 2018, trending with prior years is not possible. Due to changes in measure specification, NCQA indicated trending between MY2020 and previous years should be considered with caution.

Fig. 137. Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care



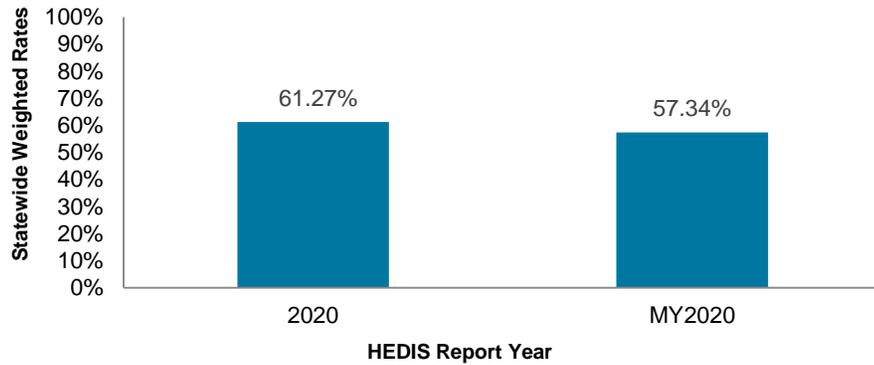
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years. NCQA also indicated trending between MY2020 and previous years should be considered with caution.

Fig. 138. PPC: Postpartum Care



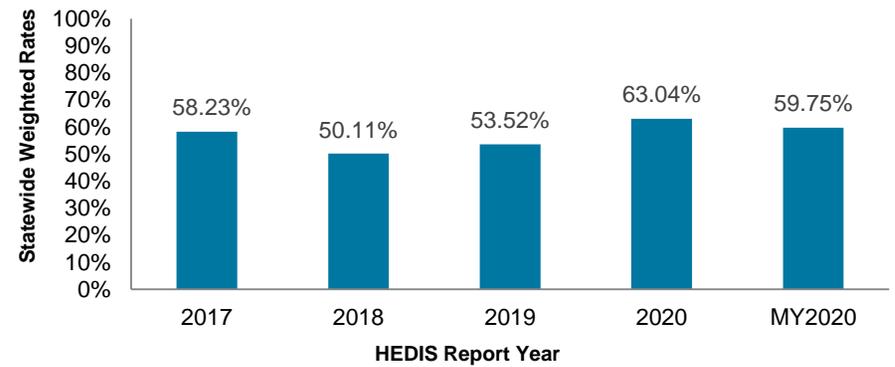
Footnote: Due to significant changes in measure specification for HEDIS 2020, NCQA indicated a break in trending to prior years. NCQA also indicated trending between MY2020 and previous years should be considered with caution.

Fig. 139. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): 1–11 Years



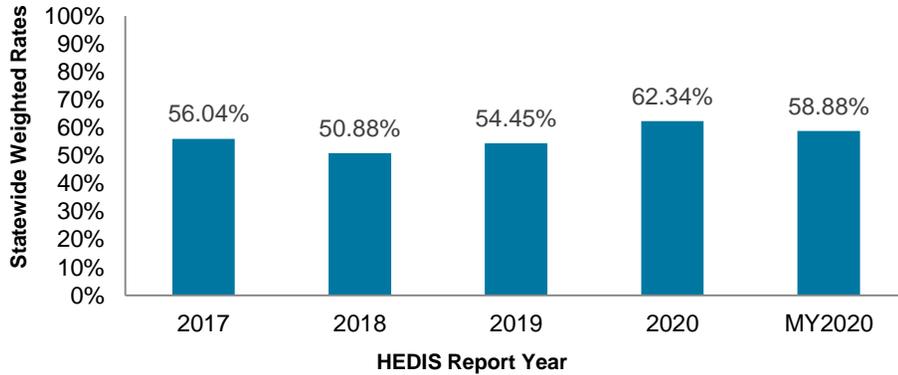
Footnote: Due to changes in the age stratification, trending between HEDIS 2020 and previous years is not possible.

Fig. 140. APP: 12–17 Years



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2020 and previous years should be considered with caution.

Fig. 141. APP: Total



Footnote: Due to changes in measure specification, NCQA indicated trending between HEDIS 2020 and previous years should be considered with caution.

CHIP HEDIS/CAHPS Results

HEDIS definitions for measures apply to all CoverKids lines of business. For CoverKids, BlueCare (**CK BC**) was the only health plan administrator (HPA) and the only plan reporting HEDIS/CAHPS measures for MY2020, so no comparative statewide data are available.

Note: This report, which previously would have referred to the most recent data as HEDIS 2021, uses NCQA’s new naming convention of HEDIS MY2020 to refer to data collected during calendar year 2020 and reported in calendar year 2021. To ensure consistency in the technical specifications and for easier reference to publications issued by NCQA, Qsource has retained NCQA’s prior nomenclature to refer to previous years. For

example, HEDIS 2020 remains as-is in this report and refers to data collected in MY2019.

In **Table 12**, the column titled “Change from HEDIS 2020 to HEDIS MY2020” indicates whether there was an improvement (↑), a decline (↓), or no change (↔) in performance from HEDIS 2020 to HEDIS MY2020 when measure data are available for both years. Cells are shaded gray for those measures that were not calculated or for which data were not reported. Scores are presented in **bold** where MY2018 data were reported by MCOs for HEDIS 2020. NA is used for Not Applicable, indicating the denominator was too small (<30) to report a valid rate, and therefore results are not presented.

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
<i>Effectiveness of Care Measures</i>			
Prevention and Screening			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*:			
BMI Percentile: 3–11 years	76.55%	79.07%	↑
12–17 years	73.22%	77.42%	↑
Total	75.06%	78.30%	↑
Counseling for Nutrition: 3–11 years	63.27%	65.58%	↑
12–17 years	59.56%	68.82%	↑
Total	61.61%	67.08%	↑
Counseling for Physical Activity: 3–11 years	56.64%	58.14%	↑
12–17 years	60.66%	66.67%	↑
Total	58.44%	62.09%	↑

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Childhood Immunization Status (CIS):			
DTaP/DT	83.70%	79.81%	↓
IPV	89.54%	90.75%	↑
MMR	91.73%	89.05%	↓
HiB	89.29%	88.08%	↓
HepB	87.10%	91.24%	↑
VZV	90.75%	88.32%	↓
PCV	84.18%	81.02%	↓
HepA	91.00%	87.83%	↓
RV	78.83%	78.35%	↓
Flu	54.74%	53.77%	↓
Combination 2	78.10%	76.89%	↓
Combination 3	76.64%	74.21%	↓
Combination 4	76.16%	73.72%	↓
Combination 5	70.07%	67.15%	↓
Combination 6	48.18%	47.69%	↓
Combination 7	69.59%	66.67%	↓
Combination 8	48.18%	47.45%	↓
Combination 9	46.23%	43.80%	↓
Combination 10	46.23%	43.55%	↓
Immunizations for Adolescents (IMA):			
Meningococcal	75.67%	78.83%	↑
Tdap/Td	86.37%	85.16%	↓
HPV	27.49%	25.55%	↓
Combination 1	75.18%	77.62%	↑
Combination 2	26.03%	24.57%	↓
Lead Screening in Children (LSC)	69.10%	68.61%	↓
Breast Cancer Screening (BCS)*	NA	NA	
Cervical Cancer Screening (CCS)*	75.22%	67.41%	↓
Chlamydia Screening in Women (CHL):			
16–20 Years	40.38%	34.77%	↓
21–24 Years	64.46%	51.23%	↓

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Total	43.11%	40.56%	↓
Respiratory Conditions			
Appropriate Testing for Pharyngitis (CWP)*			
3–17 years	91.29%	91.95%	↑
18–64 years	80.91%	83.95%	↑
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)			
Pharmacotherapy Management of COPD Exacerbation (PCE):			
Systemic Corticosteroid	NA	NA	
Bronchodilator	NA	NA	
Asthma Medication Ratio (AMR):			
5–11 Years	89.22%	89.47%	↑
12–18 Years	72.67%	84.80%	↑
19–50 Years	NA	NA	
51–64 Years	NA	NA	
Total	80.79%	85.89%	↑
Cardiovascular Conditions			
Controlling High Blood Pressure (CBP)**			
		63.64%	
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)			
		NA	
Statin Therapy for Patients With Cardiovascular Disease (SPC)*:			
Received Statin Therapy: 21-75 Years (Male)			
		NA	
40–75 Years (Female)			
		NA	
Total		NA	
Statin Adherence 80%: 21-75 Years (Male)			
		NA	
40–75 Years (Female)			
		NA	
Total		NA	
Cardiac Rehabilitation (CRE)***: 18–64 Years			
Initiation		NA	
Engagement 1		NA	
Engagement 2		NA	
Achievement		NA	

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Diabetes			
Comprehensive Diabetes Care (CDC):			
Hemoglobin A1c (HbA1c) Testing*	82.93%	67.48%	↓
HbA1c Control (<8.0%)*	36.59%	42.94%	↑
Eye Exam (Retinal) Performed*	63.41%	14.72%	↓
Blood Pressure Control (<140/90 mm Hg)**		64.42%	
Kidney Health Evaluation for Patients With Diabetes (KED)***: 18–64 Years		14.02%	
Statin Therapy for Patients With Diabetes (SPD)*:			
Received Statin Therapy	NA	NA	
Statin Adherence 80%	NA	NA	
Behavioral Health			
Antidepressant Medication Management (AMM):			
Effective Acute Phase Treatment	61.02%	44.44%	↓
Effective Continuation Phase Treatment	45.76%	27.16%	↓
Follow-Up Care for Children Prescribed ADHD Medication (ADD)*:			
Initiation Phase	44.87%	49.16%	↑
Continuation and Maintenance (C&M) Phase	55.68%	65.00%	↑
Follow-Up After Hospitalization for Mental Illness (FUH)*:			
7-Day Follow-Up: 6–17 Years	58.06%	68.04%	↑
18–64 Years	35.42%	NA	
30-Day Follow-Up: 6–17 Years	79.84%	84.54%	↑
18–64 Years	54.17%	NA	
Follow-Up After Emergency Department Visit for Mental Illness (FUM)*:			
7-Day Follow-Up: 6–17 Years	39.62%	46.88%	↑
18–64 Years	NA	NA	
30-Day Follow-Up: 6–17 Years	62.26%	87.50%	↑
18–64 Years	NA	NA	
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)*:			
7-Day Follow-Up: 13-17 Years	NA	NA	
18–64 Years	NA	NA	
30-Day Follow-Up: 13-17 Years	NA	NA	
18–64 Years	NA	NA	

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)*:			
7-Day Follow-Up: 13–17 Years	NA	NA	
18 Years and Older	NA	NA	
Total	NA	NA	
30-Day Follow-Up: 13–17 Years	NA	NA	
18 Years and Older	NA	NA	
Total	NA	NA	
Pharmacotherapy for Opioid Use Disorder (POD)*: 16–64 years	NA	NA	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	NA	NA	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	NA	NA	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	NA	NA	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	NA	NA	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):			
Blood Glucose Testing: 1–11 Years	34.00%	32.50%	↓
12–17 Years	59.48%	53.76%	↓
Total	51.81%	47.37%	↓
Cholesterol Testing: 1–11 Years	38.00%	25.00%	↓
12–17 Years	43.97%	41.94%	↓
Total	42.17%	36.84%	↓
Blood Glucose and Cholesterol Testing: 1–11 Years	30.00%	22.50%	↓
12–17 Years	39.66%	37.63%	↓
Total	36.75%	33.08%	↓
Overuse/Appropriateness			
Appropriate Treatment for Upper Respiratory Infection (URI):			
3 Months-17 Years	83.87%	86.63%	↑
18–64 Years	78.72%	79.26%	↑
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):			
3 Months-17 Years	45.01%	49.14%	↑
18–64 Years	42.22%	45.31%	↑
Use of Imaging Studies for Low Back Pain (LBP)	76.12%	82.56%	↑

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
<i>Access/Availability of Care</i>			
Adults' Access to Preventive/Ambulatory Health Services (AAP):			
20-44 Years	50.69%	62.16%	↑
45-64 Years	NA	56.25%	
Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)—Initiation of AOD Treatment*:			
13-17 Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	45.83%	36.36%	↓
Total	49.12%	34.21%	↓
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	49.09%	67.74%	↑
Total	46.27%	56.52%	↑
Initiation Total: Alcohol	55.88%	NA	
Opioid	NA	NA	
Other Drug	47.57%	51.56%	↑
Total	47.58%	46.43%	↓
Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)—Engagement of AOD Treatment*:			
13-17 Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	22.92%	21.21%	↓
Total	21.05%	18.42%	↓
18+ Years: Alcohol	NA	NA	
Opioid	NA	NA	
Other Drug	14.55%	22.58%	↑
Total	13.43%	17.39%	↑
Engagement Total: Alcohol	17.65%	NA	
Opioid	NA	NA	
Other Drug	18.45%	21.88%	↑
Total	16.94%	17.86%	↑

Table 12. HEDIS MY2020 CHIP Rates			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
Prenatal and Postpartum Care (PPC)*:			
Timeliness of Prenatal Care	66.67%	66.67%	↔
Postpartum Care	78.35%	77.13%	↓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP):			
1–11 Years	NA	NA	
12–17 Years	55.32%	NA	
Total	50.00%	57.14%	↑
Utilization			
Well-Child Visits in the First 30 Months of Life (W30) ††:			
First 15 Months**		62.56%	
15 Months–30 Months		75.86%	
Child and Adolescent Well-Care Visits (WCV) ††:			
3–11 Years**		54.54%	
12–17 Years**		48.64%	
18–21 Years**		27.45%	
Total**		49.37%	

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

** NCQA indicated a break in trending to prior years due to significant changes in measure specifications for HEDIS MY2020.

*** First-year measure for HEDIS MY2020.

†† Revised and renamed measures for HEDIS MY2020.

For the Effectiveness of Care Measures presented in **Table 13**, a lower rate is an indication of better performance (↑). A decrease in rates from the prior year also indicates improvement.

Table 13. HEDIS MY2020 CHIP Rates: Measures Where Lower Rates Indicate Better Performance			
Measure	Rate		Change from HEDIS 2020 to HEDIS MY2020
	HEDIS 2020	HEDIS MY2020	
<i>Effectiveness of Care Measures</i>			
Diabetes			
Comprehensive Diabetes Care (CDC): HbA1c Poor Control (>9.0%)*	53.66%	52.15%	↑
Overuse/Appropriateness			
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	1.00%	0.85%	↑
Use of Opioids at High Dosage (HDO)*	NA	NA	
Use of Opioids From Multiple Providers (UOP)*:			
Multiple Prescribers	NA	NA	
Multiple Pharmacies	NA	NA	
Multiple Prescribers and Multiple Pharmacies	NA	NA	
Risk of Continued Opioid Use (COU)*:			
18–64 years: ≥15 days/30-day period	0.08%	0.00%	↑
≥ 31 days/62-day period	0.00%	0.00%	↔

* NCQA indicated trending with caution due to changes in measure specifications for HEDIS MY2020.

APPENDIX A | Medicaid Utilization Results

Additional Utilization Measure Descriptions

Frequency of Selected Procedure (FSP)

FSP summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

Ambulatory Care (AMB)

AMB summarizes utilization of ambulatory care in the following categories:

- ◆ Outpatient Visits including telehealth
- ◆ ED Visits

Inpatient Utilization – General Hospital/Acute Care (IPU)

IPU summarizes utilization of acute IP care and services in the following categories:

- ◆ Total IP
- ◆ Medicine
- ◆ Surgery
- ◆ Maternity

Identification of Alcohol and Other Drug Services (IAD)

IAD summarizes the number and percentage of members with an AOD claim who received the following chemical dependency services during the MY:

- ◆ Any services
- ◆ IP
- ◆ Telehealth
- ◆ Outpatient or medication treatment
- ◆ Intensive outpatient or partial hospitalization
- ◆ ED

Mental Health Utilization (MPT)

MPT summarizes the number and percentage of members receiving the following mental health services during the MY:

- ◆ Any services
- ◆ IP
- ◆ Telehealth
- ◆ Outpatient
- ◆ ED
- ◆ Intensive outpatient or partial hospitalization

Antibiotic Utilization (ABX)

ABX summarizes the following data on outpatient utilization of antibiotic prescriptions during the MY, stratified by age and gender:

- ◆ Total number of and average (Avg.) number of antibiotic prescription per member per year (PMPY)
- ◆ Total and avg. days supplied for all antibiotic prescriptions
- ◆ Total number of prescriptions and avg. number of prescriptions PMPY for antibiotics of concern
- ◆ Percentage of antibiotic of concern for all antibiotics prescriptions
- ◆ Avg. number of antibiotics PMPY reported by drug class:
 - For selected ‘antibiotics of concern’
 - For all other antibiotics

Utilization Measures: Medicaid Plan-Specific Rates

In **Table A.1**, cells are shaded gray for those measures that were not calculated or for which data were not reported.

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<i>Frequency of Selected Procedures (FSP)</i>											
Bariatric Weight Loss Surgery: Procedures/1,000 Member Years											
0–19	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20–44		0.03	0.02	0.00	0.05	0.05	0.03	0.00	0.05	0.03	0.00
45–64		0.06	0.03	0.02	0.04	0.02	0.02	0.00	0.06	0.08	0.03
0–19	F	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00
20–44		0.21	0.15	0.12	0.25	0.19	0.18	0.05	0.25	0.17	0.10
45–64		0.23	0.14	0.06	0.24	0.25	0.13	0.00	0.25	0.13	0.08
Tonsillectomy: Procedures/1,000 Member Years											
0–9	M&F	0.72	0.60	0.41	0.78	0.62	0.40	0.87	0.77	0.57	0.40
10–19		0.35	0.23	0.15	0.40	0.26	0.20	0.25	0.36	0.19	0.20
Hysterectomy—Abdominal (A) and Vaginal (V): Procedures/1,000 Member Years											
15–44 (A)	F	0.05	0.05	0.09	0.07	0.06	0.12	0.01	0.07	0.08	0.08
45–64 (A)		0.09	0.03	0.19	0.07	0.11	0.27	0.00	0.05	0.10	0.21
15–44 (V)	F	0.13	0.07	0.08	0.16	0.09	0.14	0.01	0.16	0.11	0.06
45–64 (V)		0.13	0.08	0.12	0.11	0.11	0.19	0.00	0.16	0.08	0.06
Cholecystectomy—Open (O) and Closed (C)/Laparoscopic: Procedures/1,000 Member Years											
30–64 (O)	M	0.02	0.01	0.04	0.01	0.00	0.02	0.00	0.03	0.03	0.02
15–44 (O)	F	0.00	0.01	0.01	0.01	0.00	0.01	0.01	0.00	0.01	0.00
45–64 (O)		0.05	0.02	0.00	0.01	0.00	0.02	0.00	0.02	0.02	0.01
30–64 (C)	M	0.28	0.23	0.12	0.34	0.29	0.20	0.00	0.42	0.40	0.18
15–44 (C)	F	0.71	0.56	0.38	0.87	0.71	0.49	0.32	0.70	0.63	0.47
45–64 (C)		0.48	0.50	0.32	0.59	0.49	0.39	0.21	0.77	0.48	0.32
Back Surgery: Procedures/1,000 Member Years											
20–44	M	0.14	0.34	0.12	0.16	0.29	0.25	0.00	0.18	0.27	0.20
	F	0.18	0.19	0.07	0.17	0.24	0.09	0.11	0.22	0.26	0.10

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
45–64	M	0.43	0.65	0.42	0.59	1.27	0.46	0.29	0.60	1.03	0.33
	F	0.58	0.50	0.31	0.67	1.10	0.42	0.21	0.73	1.13	0.33
Mastectomy: Procedures/1,000 Member Years											
15–44	F	0.02	0.02	0.05	0.07	0.02	0.05	0.00	0.06	0.04	0.04
45–64		0.13	0.33	0.13	0.39	0.24	0.42	0.00	0.13	0.31	0.27
Lumpectomy: Procedures/1,000 Member Years											
15–44	F	0.06	0.06	0.08	0.12	0.08	0.10	0.03	0.05	0.07	0.08
45–64		0.20	0.32	0.13	0.38	0.30	0.46	0.00	0.20	0.31	0.24
Ambulatory Care: Total (AMB)											
Total: Visits/1,000 Member Months											
Outpatient		274.53	299.95	236.23	382.57	323.21	318.98	276.35	382.96	366.51	308.79
ED		48.06	40.14	44.49	51.40	46.11	50.52	38.74	52.36	47.13	51.27
Inpatient Utilization—General Hospital/Acute Care: Total (IPU)											
Total Inpatient											
Per 1,000 Member Months											
Discharges		5.03	5.07	5.46	6.98	6.46	7.03	4.35	7.23	6.48	6.64
Days		24.21	22.77	26.69	28.49	25.94	30.90	25.71	36.99	29.84	36.61
Length of Stay (LoS): Average # of Days											
Average LoS		4.81	4.49	4.89	4.08	4.01	4.39	5.91	5.12	4.60	5.51
Medicine											
Per 1,000 Member Months											
Discharges		3.15	2.87	3.15	2.77	2.55	2.61	2.47	3.76	2.83	3.09
Days		19.63	16.58	20.87	12.08	10.58	11.44	12.44	20.97	15.26	18.47
LoS: Average # of Days											
Average LoS		6.23	5.77	6.62	4.36	4.15	4.38	5.04	5.57	5.39	5.98
Surgery											
Per 1,000 Member Months											
Discharges		0.00	0.01	0.01	1.41	1.29	1.45	1.28	1.68	1.36	1.46

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Days		0.01	0.03	0.06	9.89	8.86	12.02	11.78	11.85	8.83	13.12
LoS: Average # of Days											
Average LoS		3.80	3.79	6.83	7.04	6.85	8.31	9.19	7.05	6.48	9.00
Maternity											
Per 1,000 Member Months											
Discharges		2.76	3.45	3.52	4.39	4.17	4.71	0.95	2.65	3.64	3.27
Days		6.72	9.69	8.83	10.19	10.33	11.79	2.37	6.19	9.14	7.83
LoS: Average # of Days											
Average LoS		2.44	2.81	2.51	2.32	2.48	2.50	2.50	2.33	2.51	2.40
Identification of Alcohol and Other Drug Services: Total (IAD)											
Any Services											
Total	M	5.72%	3.98%	3.63%	4.43%	4.00%	3.32%	3.51%	5.81%	4.36%	4.17%
	F	7.00%	5.47%	3.94%	7.66%	5.85%	4.42%	3.72%	7.29%	6.02%	4.05%
	M&F	6.44%	4.84%	3.81%	6.34%	5.07%	3.98%	3.60%	6.66%	5.32%	4.10%
Inpatient											
Total	M	1.70%	1.30%	1.37%	1.23%	1.39%	1.12%	0.76%	1.60%	1.57%	1.60%
	F	1.94%	1.60%	1.11%	2.16%	1.83%	1.19%	0.85%	2.06%	1.83%	1.16%
	M&F	1.83%	1.47%	1.22%	1.78%	1.65%	1.17%	0.80%	1.87%	1.72%	1.34%
Intensive											
Total	M	0.42%	0.39%	0.29%	0.35%	0.43%	0.22%	0.49%	0.38%	0.43%	0.40%
	F	0.70%	0.62%	0.33%	0.86%	0.73%	0.39%	0.84%	0.63%	0.76%	0.42%
	M&F	0.58%	0.52%	0.32%	0.65%	0.61%	0.32%	0.64%	0.52%	0.62%	0.41%
Outpatient/Medication											
Total	M	3.68%	2.38%	1.81%	2.90%	2.21%	1.79%	1.81%	3.97%	2.62%	2.09%
	F	4.73%	3.50%	2.16%	5.25%	3.48%	2.51%	2.07%	5.07%	4.02%	2.25%
	M&F	4.27%	3.03%	2.02%	4.29%	2.95%	2.23%	1.92%	4.60%	3.43%	2.19%

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
ED											
Total	M	1.50%	1.08%	1.29%	0.90%	1.07%	0.97%	0.78%	1.45%	1.23%	1.34%
	F	1.34%	1.11%	1.19%	1.25%	1.18%	1.09%	0.79%	1.32%	1.33%	1.17%
	M&F	1.41%	1.10%	1.23%	1.11%	1.13%	1.04%	0.79%	1.37%	1.29%	1.24%
Telehealth											
Total	M	1.72%	1.43%	0.68%	1.41%	1.36%	0.74%	1.12%	1.75%	1.26%	0.75%
	F	2.67%	2.49%	0.88%	2.86%	2.51%	1.17%	1.27%	2.57%	2.47%	0.91%
	M&F	2.26%	2.04%	0.80%	2.27%	2.03%	1.00%	1.19%	2.22%	1.96%	0.84%
Mental Health Utilization: Total (MPT)											
Any Services											
Total	M	12.16%	10.52%	6.99%	13.33%	11.64%	8.68%	31.88%	12.90%	11.23%	7.95%
	F	13.23%	12.35%	7.16%	15.61%	13.10%	10.23%	27.10%	15.19%	13.68%	8.54%
	M&F	12.76%	11.58%	7.09%	14.68%	12.49%	9.62%	29.84%	14.21%	12.65%	8.30%
Inpatient											
Total	M	0.95%	0.89%	1.15%	0.78%	0.82%	0.99%	2.27%	1.04%	0.92%	1.26%
	F	1.04%	0.94%	0.89%	1.04%	1.06%	0.97%	2.35%	1.13%	1.18%	1.10%
	M&F	1.00%	0.92%	0.99%	0.93%	0.96%	0.98%	2.31%	1.09%	1.07%	1.17%
Intensive											
Total	M	0.05%	0.07%	0.23%	0.06%	0.10%	0.12%	0.34%	0.04%	0.09%	0.56%
	F	0.06%	0.10%	0.24%	0.08%	0.16%	0.16%	0.47%	0.07%	0.18%	0.52%
	M&F	0.05%	0.09%	0.24%	0.07%	0.13%	0.14%	0.40%	0.06%	0.14%	0.53%
Outpatient											
Total	M	8.67%	8.01%	4.85%	10.19%	8.91%	6.76%	26.52%	10.44%	9.47%	5.72%
	F	8.74%	8.63%	4.51%	10.82%	8.67%	7.36%	21.01%	11.54%	10.72%	5.79%
	M&F	8.71%	8.37%	4.65%	10.56%	8.77%	7.12%	24.17%	11.07%	10.20%	5.76%
ED											
Total	M	0.00%	0.03%	0.00%	0.00%	0.02%	0.00%	0.01%	0.06%	0.08%	0.01%
	F	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.03%	0.06%	0.16%	0.00%

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
	M&F	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.02%	0.06%	0.12%	0.00%
Telehealth											
Total	M	6.72%	5.52%	2.84%	6.93%	5.79%	3.34%	15.57%	5.24%	4.06%	3.22%
	F	8.24%	7.52%	3.66%	9.37%	8.03%	4.87%	15.58%	7.05%	6.26%	4.01%
	M&F	7.58%	6.67%	3.32%	8.37%	7.09%	4.27%	15.57%	6.28%	5.34%	3.69%
Antibiotic Utilization: Total (ABX)											
Antibiotic Utilization											
Average Scripts PMPY for Antibiotics											
Total	M	0.55	0.49	0.40	0.73	0.56	0.57	0.61	0.66	0.56	0.49
	F	0.91	0.82	0.78	1.19	0.96	1.08	0.85	1.14	0.95	0.90
	M&F	0.75	0.68	0.62	1.00	0.79	0.88	0.72	0.93	0.79	0.73
Average Days Supplied per Antibiotic Script											
Total	M	9.83	10.11	9.96	9.95	10.04	9.98	11.67	10.02	10.31	10.00
	F	9.09	8.83	8.35	9.18	8.92	8.62	10.88	9.30	9.00	8.58
	M&F	9.32	9.22	8.78	9.41	9.25	8.97	11.27	9.51	9.39	8.98
Average Scripts PMPY for Antibiotics of Concern											
Total	M	0.25	0.21	0.17	0.34	0.23	0.24	0.24	0.31	0.24	0.21
	F	0.39	0.34	0.30	0.53	0.39	0.43	0.31	0.52	0.39	0.36
	M&F	0.33	0.28	0.24	0.45	0.33	0.36	0.27	0.43	0.33	0.30
Percentage of Antibiotics of Concern of All Antibiotic Scripts											
Total	M	45.29%	41.98%	42.09%	46.25%	41.95%	43.21%	38.46%	46.64%	42.18%	42.48%
	F	43.12%	40.80%	38.31%	44.49%	40.92%	39.98%	36.18%	45.45%	41.32%	39.90%
	M&F	43.80%	41.16%	39.31%	45.01%	41.22%	40.80%	37.30%	45.80%	41.57%	40.61%
Antibiotics of Concern Utilization (Average Scripts PMPY)											
Quinolones											
Total	M	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.03	0.02	0.03
	F	0.04	0.04	0.04	0.06	0.04	0.06	0.02	0.07	0.05	0.06
	M&F	0.03	0.03	0.03	0.04	0.03	0.04	0.01	0.06	0.04	0.04

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Cephalosporins 2nd–4th Generation											
Total	M	0.06	0.05	0.03	0.09	0.06	0.06	0.06	0.07	0.05	0.04
	F	0.07	0.06	0.04	0.11	0.08	0.06	0.08	0.09	0.07	0.05
	M&F	0.07	0.06	0.04	0.10	0.07	0.06	0.07	0.08	0.06	0.04
Azithromycins and Clarithromycins											
Total	M	0.07	0.06	0.05	0.10	0.07	0.08	0.07	0.09	0.07	0.06
	F	0.12	0.11	0.11	0.16	0.13	0.16	0.10	0.15	0.13	0.12
	M&F	0.10	0.09	0.08	0.13	0.10	0.12	0.09	0.12	0.10	0.10
Amoxicillin/Clavulanates											
Total	M	0.07	0.06	0.04	0.09	0.06	0.06	0.06	0.08	0.06	0.05
	F	0.11	0.08	0.06	0.14	0.09	0.09	0.07	0.13	0.10	0.08
	M&F	0.09	0.07	0.05	0.12	0.08	0.08	0.07	0.11	0.08	0.07
Ketolides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Clindamycins											
Total	M	0.03	0.02	0.02	0.03	0.02	0.03	0.02	0.04	0.03	0.03
	F	0.05	0.04	0.05	0.06	0.05	0.06	0.03	0.07	0.05	0.05
	M&F	0.04	0.03	0.04	0.05	0.04	0.05	0.03	0.05	0.04	0.04
Misc. Antibiotics of Concern											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
All Other Antibiotics Utilization (Average Scripts PMPY)											
Absorbable Sulfonamides											
Total	M	0.04	0.04	0.03	0.06	0.04	0.04	0.05	0.06	0.04	0.03
	F	0.08	0.07	0.05	0.11	0.08	0.07	0.09	0.10	0.08	0.06
	M&F	0.07	0.05	0.04	0.09	0.06	0.06	0.07	0.08	0.06	0.05

APPENDIX A | Utilization Measure Medicaid Results and Benchmarks

Table A.1. HEDIS MY2020 Medicaid Plan-Specific Rates: Utilization Measures											
Measure by Age	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Aminoglycosides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00
1st Generation Cephalosporins											
Total	M	0.04	0.05	0.03	0.05	0.05	0.04	0.05	0.05	0.05	0.04
	F	0.07	0.08	0.06	0.09	0.09	0.08	0.07	0.09	0.09	0.07
	M&F	0.06	0.06	0.05	0.07	0.07	0.07	0.06	0.07	0.07	0.06
Lincosamides											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Macrolides (not azith. or clarith.)											
Total	M	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
	M&F	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00
Penicillins											
Total	M	0.16	0.16	0.13	0.23	0.19	0.19	0.19	0.17	0.18	0.16
	F	0.18	0.16	0.16	0.23	0.20	0.22	0.22	0.19	0.19	0.18
	M&F	0.17	0.16	0.15	0.23	0.19	0.21	0.21	0.18	0.18	0.17
Tetracyclines											
Total	M	0.04	0.03	0.03	0.05	0.03	0.04	0.05	0.06	0.04	0.04
	F	0.07	0.05	0.05	0.09	0.06	0.07	0.03	0.10	0.07	0.06
	M&F	0.05	0.04	0.04	0.07	0.05	0.06	0.04	0.08	0.05	0.05
Misc. Antibiotics											
Total	M	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
	F	0.12	0.12	0.16	0.15	0.14	0.20	0.10	0.14	0.14	0.16
	M&F	0.07	0.08	0.10	0.09	0.09	0.12	0.05	0.09	0.08	0.10

As a Risk-Adjusted Utilization measure, PCR rates in **Table A.2** represent percentages of members who were readmitted for any diagnosis within 30 days of discharge from a hospital, broken into age stratifications.

Table A.2. HEDIS MY2020 Plan All-Cause Readmissions (PCR)										
Measure by Age	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Plan Population: Observed Readmission Rate										
18-44	7.22%	7.96%	8.47%	7.77%	8.99%	7.86%	10.86%	9.62%	10.66%	9.87%
45-54	9.71%	10.45%	9.74%	9.75%	10.87%	10.29%	11.11%	11.86%	10.12%	15.51%
55-64	6.99%	9.02%	10.56%	11.52%	10.64%	12.84%	12.90%	13.52%	14.90%	16.71%
Total	7.64%	8.69%	9.24%	9.14%	9.77%	9.51%	10.96%	11.22%	11.72%	12.95%

APPENDIX B | Medicaid MCO Population

Table B.1. HEDIS MY2020 MCO Medicaid Population Reported in Member Months by Age and Sex

Age Group	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
<1	M	22,204	34,341	22,794	45,960	36,290	33,309	4,227	22,088	35,112	22,348
	F	20,813	33,283	21,625	42,959	35,120	32,270	3,923	21,168	33,968	22,420
	M & F	43,017	67,624	44,419	88,919	71,410	65,579	8,150	43,256	69,080	44,768
1-4	M	90,343	134,028	85,930	167,871	133,154	120,766	43,559	84,788	131,799	87,191
	F	86,996	128,101	83,541	159,836	129,145	114,886	38,713	80,439	125,860	83,648
	M & F	177,339	262,129	169,471	327,707	262,299	235,652	82,272	165,227	257,659	170,839
5-9	M	115,820	152,949	115,190	161,136	136,812	116,739	73,162	111,191	144,394	106,433
	F	110,939	150,976	113,927	155,386	134,097	114,121	49,024	107,135	141,255	103,036
	M & F	226,759	303,925	229,117	316,522	270,909	230,860	122,186	218,326	285,649	209,469
10-14	M	114,107	142,129	106,341	152,482	137,817	109,182	83,898	108,530	132,199	98,015
	F	110,680	136,560	105,457	148,779	134,097	109,882	52,485	107,469	129,936	97,630
	M & F	224,787	278,689	211,798	301,261	271,914	219,064	136,383	215,999	262,135	195,645
15-17	M	63,629	65,257	53,188	76,024	72,194	52,640	57,639	57,264	61,231	45,242
	F	61,771	64,179	53,912	75,742	72,318	57,258	34,945	54,533	61,240	46,036
	M & F	125,400	129,436	107,100	151,766	144,512	109,898	92,584	111,797	122,471	91,278
18-19	M	32,163	37,507	27,225	41,426	34,725	29,167	34,532	33,526	33,865	25,701
	F	35,954	41,295	30,173	46,620	39,213	35,197	21,749	34,050	36,928	27,935
	M & F	68,117	78,802	57,398	88,046	73,938	64,364	56,281	67,576	70,793	53,636
20-24	M	22,827	31,733	22,277	37,054	23,443	27,600	16,151	28,352	28,318	22,845
	F	53,966	75,572	52,796	98,039	65,780	71,848	14,474	56,414	66,544	51,482
	M & F	76,793	107,305	75,073	135,093	89,223	99,448	30,625	84,766	94,862	74,327
25-29	M	18,199	16,551	12,360	14,992	13,088	9,448	2,518	14,842	13,137	10,823
	F	68,773	84,866	72,218	109,517	82,857	77,324	6,788	61,221	77,499	64,462
	M & F	86,972	101,417	84,578	124,509	95,945	86,772	9,306	76,063	90,636	75,285
30-34	M	22,004	22,259	13,276	21,422	16,434	12,074	2,447	21,008	19,649	14,116
	F	70,269	88,489	76,699	103,224	80,087	71,168	7,198	62,221	82,317	58,906
	M & F	92,273	110,748	89,975	124,646	96,521	83,242	9,645	83,229	101,966	73,022
35-39	M	23,150	24,553	13,235	25,749	19,429	14,174	2,599	21,417	23,462	13,070
	F	55,066	77,005	50,511	86,668	61,142	68,502	5,501	59,499	74,031	50,260
	M & F	78,216	101,558	63,746	112,417	80,571	82,676	8,100	80,916	97,493	63,330
40-44	M	20,904	23,338	12,773	24,673	16,085	12,490	1,613	22,510	24,224	14,170
	F	39,131	55,787	30,710	62,792	41,404	48,889	3,314	48,489	53,151	41,709

Table B.1. HEDIS MY2020 MCO Medicaid Population Reported in Member Months by Age and Sex

Age Group	Sex	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
45-49	M & F	60,035	79,125	43,483	87,465	57,489	61,379	4,927	70,999	77,375	55,879
	M	17,646	18,377	10,973	21,936	14,089	10,822	1,160	21,410	18,637	13,140
	F	27,390	32,011	21,129	43,736	27,273	29,042	1,814	37,412	34,564	25,802
	M & F	45,036	50,388	32,102	65,672	41,362	39,864	2,974	58,822	53,201	38,942
50-54	M	17,484	16,007	11,451	19,428	12,817	10,128	934	21,721	18,477	12,457
	F	22,620	22,182	17,236	35,432	22,712	20,943	1,301	31,930	27,192	19,866
	M & F	40,104	38,189	28,687	54,860	35,529	31,071	2,235	53,651	45,669	32,323
55-59	M	20,774	17,631	15,977	20,462	14,484	11,868	845	23,108	20,424	17,091
	F	21,358	20,739	17,120	33,403	20,090	20,602	1,030	32,578	26,277	20,303
	M & F	42,132	38,370	33,097	53,865	34,574	32,470	1,875	55,686	46,701	37,394
60-64	M	16,788	14,933	14,319	17,045	11,752	10,556	610	21,431	16,845	15,547
	F	14,416	16,021	13,084	24,938	13,654	16,278	728	26,326	22,105	18,231
	M & F	31,204	30,954	27,403	41,983	25,406	26,834	1,338	47,757	38,950	33,778
65-69	M	3,086	4,213	3,870	4,401	3,266	3,020	0	10,107	6,396	6,858
	F	2,959	4,915	3,826	7,793	3,896	4,910	37	14,846	9,749	8,126
	M & F	6,045	9,128	7,696	12,194	7,162	7,930	37	24,953	16,145	14,984
70-74	M	943	2,124	1,047	1,920	753	853	12	5,596	2,897	3,363
	F	1,252	3,362	1,686	3,507	1,519	2,117	24	10,146	6,301	5,908
	M & F	2,195	5,486	2,733	5,427	2,272	2,970	36	15,742	9,198	9,271
75-79	M	319	1,178	444	1,065	497	403	0	3,046	1,798	1,502
	F	683	1,946	801	2,049	1,082	1,471	41	6,830	4,196	4,010
	M & F	1,002	3,124	1,245	3,114	1,579	1,874	41	9,876	5,994	5,512
80-84	M	189	423	140	393	291	312	0	1,405	1,012	665
	F	444	1,130	514	1,223	787	726	8	3,866	2,368	2,353
	M & F	633	1,553	654	1,616	1,078	1,038	8	5,271	3,380	3,018
85-89	M	94	167	54	173	111	115	0	496	502	272
	F	250	889	231	586	460	545	0	2,582	1,343	1,444
	M & F	344	1,056	285	759	571	660	0	3,078	1,845	1,716
≥90	M	29	56	54	87	94	27	0	255	192	115
	F	184	373	151	184	425	298	0	1,726	935	963
	M & F	213	429	205	271	519	325	0	1,981	1,127	1,078
Total	M	622,702	759,754	542,918	855,699	697,625	585,693	325,906	634,091	734,570	530,964
	F	805,914	1,039,681	767,347	1,242,413	967,158	898,277	243,097	860,880	1,017,759	754,530
	M & F	1,428,616	1,799,435	1,310,265	2,098,112	1,664,783	1,483,970	569,003	1,494,971	1,752,329	1,285,494

APPENDIX C | ECDS and LTSS Measure Results

Table C.1 presents MCO results for HEDIS MY2020 ECDS measures. TennCare required LTSS measures to be reported for the first time for HEDIS 2020. *Note: AG’s measure designations were NR.*

Table C.1. HEDIS MY2020 Medicaid Plan-Specific Rates: ECDS Measures							
Measure	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Breast Cancer Screening (BCS-E)	54.88%	52.95%	58.15%	47.29%	53.39%	52.16%	52.03%
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E):							
Initiation Phase	51.55%	44.75%	42.87%	46.14%	52.75%	48.58%	47.06%
Continuation and Maintenance Phase	61.85%	57.81%	64.56%	57.49%	65.12%	62.34%	65.18%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)							
Depression Screening	0.00%	0.00%	0.16%	0.03%	0.01%	0.00%	0.05%
Follow-Up on Positive Screen	NA						
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)							
Assessment Period 1	0.00%	0.00%	0.88%	0.00%	0.01%	0.00%	0.51%
Assessment Period 2	0.00%	0.00%	0.57%	0.00%	0.02%	0.00%	0.20%
Assessment Period 3	0.00%	0.00%	0.22%	0.00%	0.00%	0.00%	0.00%
Total	0.00%	0.00%	0.55%	0.00%	0.01%	0.00%	0.23%
Depression Remission or Response for Adolescents and Adults (DRR-E)							
Follow-Up	NA						
Depression Remission	NA						
Depression Response	NA						
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)							
Alcohol Use Screening	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Counseling or Other Follow-up Positive Screen	NA						
Adult Immunization Status (AIS-E)							
Influenza	13.65%	12.41%	11.94%	8.32%	14.58%	14.52%	10.75%
Td or Tdap	41.73%	29.9%	36.47%	31.17%	31.95%	30.04%	26.26%

Table C.1. HEDIS MY2020 Medicaid Plan-Specific Rates: ECDS Measures							
Measure	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW
Zoster	0.51%	0.64%	0.52%	0.31%	0.74%	0.81%	0.41%
Prenatal Immunization Status (PRS-E)							
Influenza	25.46%	24.37%	21.93%	21.03%	26.65%	23.88%	17.03%
Tdap	52.96%	42.63%	41.88%	42.06%	53.40%	42.00%	33.22%
Combination	19.94%	18.65%	16.42%	15.45%	20.19%	18.03%	12.55%
Prenatal Depression Screening and Follow-Up (PND-E)							
Depression Screening	0.00%	0.00%	0.03%	0.00%	0.00%	0.00%	0.00%
Follow-Up on Positive Screen	NA						
Postpartum Depression Screening and Follow-Up (PDS-E)							
Depression Screening	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Follow-Up on Positive Screen	NA						

Table C.2 presents statewide MCO results for HEDIS MY2020 LTSS measures. *Note: TCS does not have members who receive LTSS.*

Table C.2. HEDIS MY2020 Medicaid Plan-Specific Rates: LTSS Measures			
Measure	AG	BC	UHC
Comprehensive Assessment and Update (LTSS-CAU):			
Assessment of Core Elements	98.96%	90.63%	89.58%
Assessment of Supplemental Elements	98.96%	90.63%	89.58%
Comprehensive Care Plan and Update (LTSS-CPU):			
Care Plan with Core Elements Documented	100%	97.92%	87.50%
Care Plan with Supplemental Elements Documented	96.88%	97.92%	87.50%
Reassessment/Care Plan Update After Inpatient Discharge (LTSS-RAC):			
Reassessment After Inpatient Discharge	29.17%	45.83%	30.21%
Reassessment and Care Plan Update After Inpatient Discharge	26.04%	41.67%	28.13%
Shared Care Plan With Primary Care Practitioner (LTSS-SCP)	0.00%	44.79%	83.33%

APPENDIX D | Measure Reporting Options

Table D.1 presents the reporting options for each measure: administrative and/or hybrid. Currently, when the hybrid option is available, TennCare MCOs are required to use the hybrid method.

Table D.1. HEDIS MY2020 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
HEDIS Effectiveness of Care		
Prevention and Screening		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	✓	✓
Childhood Immunization Status (CIS)	✓	✓
Immunizations for Adolescents (IMA)	✓	✓
Lead Screening in Children (LSC)	✓	✓
Breast Cancer Screening (BCS)	✓	
Cervical Cancer Screening (CCS)	✓	✓
Chlamydia Screening in Women (CHL)	✓	
Respiratory Conditions		
Appropriate Testing for Pharyngitis (CWP)	✓	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	
Asthma Medication Ratio (AMR)	✓	
Cardiovascular Conditions		
Controlling High Blood Pressure (CBP)	✓	✓
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	✓	
Cardiac Rehabilitation (CRE)	✓	
Diabetes		
Comprehensive Diabetes Care (CDC)	✓	✓
Kidney Health Evaluation for Patients With Diabetes (KED)	✓	
Statin Therapy for Patients with Diabetes (SPD)	✓	
Behavioral Health		
Antidepressant Medication Management (AMM)	✓	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	

Table D.1. HEDIS MY2020 Measure Reporting Options: Administrative/Hybrid		
Measure	Administrative	Hybrid
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	✓	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	✓	
Pharmacotherapy for Opioid Use Disorder (POD)	✓	
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	✓	
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	✓	
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	✓	
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	
Overuse/Appropriateness		
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	
Appropriate Treatment for Upper Respiratory Infection (URI)	✓	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	✓	
Use of Imaging Studies for Low Back Pain (LBP)	✓	
Use of Opioid at High Dosage (HDO)	✓	
Use of Opioids From Multiple Providers (UOP)	✓	
Risk of Continued Opioid Use (COU)	✓	
Measures Collected Through CAHPS Health Plan Survey		
Flu vaccinations for adults ages 18 to 64 (FVA)		
Medical Assistance With Smoking Cessation (MSC)		
HEDIS Access/Availability of Care Measures		
Adults' Access to Preventive/Ambulatory Health Services (AAP)	✓	
Initiation and Engagement of Alcohol and Other Drug (AOD) Dependence Treatment (IET)	✓	
Prenatal and Postpartum Care (PPC)	✓	✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	
HEDIS Utilization and Risk-Adjusted Utilization Measures		
Well-Child Visits in the First 30 Months of Life (W30)	✓	
Child and Adolescent Well-Care Visits (WCV)	✓	

Table D.2 presents the hybrid measures that were reported by MCOs with either MY2018 or MY2019 data for HEDIS 2020.

Table D.2. HEDIS 2020 Hybrid Measures Data Reporting (MY2018 or MY2019)											
Measure	AGE	AGM	AGW	BCE	BCM	BCW	TCS	UHCE	UHCM	UHCW	CK BC
HEDIS Effectiveness of Care											
Prevention and Screening											
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	MY2018	MY2019	MY2019	MY2019	MY2018						
Childhood Immunization Status (CIS)	MY2018	MY2019	MY2018	MY2018	MY2019	MY2019	MY2019	MY2019	MY2018	MY2019	MY2019
Immunizations for Adolescents (IMA)	MY2019	MY2019	MY2018	MY2019							
Lead Screening in Children (LSC)	MY2018	MY2019	MY2018	MY2018	MY2018	MY2019	MY2019	MY2018	MY2018	MY2018	MY2019
Cervical Cancer Screening (CCS)	MY2018	MY2018	MY2018	MY2018	MY2018	MY2018	MY2019	MY2019	MY2019	MY2019	MY2018
Cardiovascular Conditions											
Controlling High Blood Pressure (CBP)	MY2018										
Diabetes											
Comprehensive Diabetes Care (CDC)	MY2018	MY2019	MY2019	MY2019	MY2018						
HEDIS Access/Availability of Care Measures											
Prenatal and Postpartum Care (PPC)	MY2019	MY2018	MY2019								

APPENDIX E | CHIP Results

Rates reported in the following tables are for **CK BC**, the only HPA during HEDIS MY2020. Cells are shaded gray for those measures that were not calculated or for which data were not reported. [HEDIS definitions](#) for measures apply to all lines of business.

Table E.1. HEDIS MY2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA					
Frequency of Selected Procedures (FSP)					
Age	Sex	Procedures/1,000 Member Months	Age	Sex	Procedures/1,000 Member Months
Bariatric Weight Loss Surgery:			Cholecystectomy—Open (O) and Laparoscopic (L):		
0–19	M	0.00	30–64 (O)	M	0.00
	F	0.00	15–44 (O)	F	0.01
20–44	M	0.00	45–64 (O)		
	F	0.00	30–64 (L)	M	0.00
45–64	M		15–44 (L)	F	0.64
	F	0.00	45–64 (L)		2.25
Tonsillectomy:			Back Surgery:		
0–9	M&F	0.76	20–44	M	0.00
10–19		0.23		F	0.02
Hysterectomy—Abdominal (A) and Vaginal (V):			45–64	M	
15–44 (A)	F	0.06		F	0.00
45–64 (A)		0.00	Mastectomy:		
15–44 (V)	F	0.00	15–44	F	0.01
45–64 (V)		2.25	45–64	F	0.00
Lumpectomy:					
15–44	F	0.01	45–64	F	0.00
Ambulatory Care: Total (AMB)					
Total: Visits/1,000 Member Months		Outpatient Visits		ED Visits	
		212.74		19.60	

Table E.1. HEDIS MY2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA							
<i>Inpatient Utilization—General Hospital/Acute Care: Total (IPU)</i>							
Per 1,000 Members Months		Average # of Days:		Per 1,000 Members Months		Average # of Days:	
Discharges	Days	Average Length of Stay		Discharges	Days	Average Length of Stay	
Total Inpatient			Medicine				
12.04	29.32	2.44		0.42	1.34	3.19	
Surgery			Maternity				
0.30	1.76	5.94		17.69	40.96	2.32	
<i>Identification of Alcohol and Other Drug Services: Total (IAD)</i>							
Sex	Any Services	Inpatient	Intensive	Outpatient/Medication	ED	Telehealth	
M	0.44%	0.07%	0.05%	0.21%	0.11%	0.12%	
F	0.46%	0.16%	0.03%	0.23%	0.11%	0.06%	
Total	0.45%	0.12%	0.04%	0.22%	0.11%	0.09%	
<i>Mental Health Utilization: Total (MPT)</i>							
Sex	Any Services	Inpatient	Intensive	Outpatient	ED	Telehealth	
M	8.26%	0.30%	0.07%	6.81%	0.00%	3.48%	
F	5.91%	0.41%	0.04%	4.35%	0.03%	3.09%	
Total	6.88%	0.36%	0.05%	5.37%	0.01%	3.25%	
<i>Antibiotic Utilization: Total (ABX)</i>							
Sex	Antibiotics		Antibiotics of Concern				
	Average Scripts PMPY	Average Days Supplied Script	Average Scripts PMPY		% of All Antibiotic Scripts		
M	0.44	10.98	0.18		41.03%		
F	0.52	9.93	0.19		36.15%		
Total	0.49	10.32	0.19		37.97%		
<i>Antibiotics of Concern Utilization (Average Scripts PMPY)</i>							
Sex	Quinolones	Cephalosporins 2nd-4th Generation	Azithromycins and Clarithromycins	Amoxicillin/Clavulanates	Ketolides	Clindamycins	Misc. Antibiotics of Concern
M	0.00	0.06	0.06	0.05	0.00	0.01	0.00
F	0.01	0.05	0.07	0.05	0.00	0.01	0.00
Total	0.00	0.06	0.06	0.05	0.00	0.01	0.00

Table E.1. HEDIS MY2020 Utilization Measures: CHIP Plan-Specific Rates for the HPA

All Other Antibiotics Utilization (Average Scripts PMPY)

Sex	Absorbable Sulfonamides	Amino-glycosides	1st Generation Cephalosporins	Lincosamides	Macrolides (not azith. or clarith.)	Penicillins	Tetracyclines	Misc. Antibiotics
M	0.02	0.00	0.04	0.00	0.00	0.17	0.03	0.00
F	0.03	0.00	0.05	0.00	0.00	0.14	0.03	0.08
Total	0.03	0.00	0.04	0.00	0.00	0.15	0.03	0.05

Table E.2. HEDIS MY2020 HPA Rates: PCR

Measure by Age	CK BC
Plan Population: Observed Readmission Rate	
18–44	1.67%
45–54	33.33%
55–64	
Total	3.17%

Table E.3. HEDIS MY2020 CHIP Population in HPA Member Months		
Age Group	Sex	CK BC
<1	M	2,836
	F	2,772
	M & F	5,608
1-4	M	31,884
	F	31,124
	M & F	63,008
5-9	M	54,697
	F	52,412
	M & F	107,109
10-14	M	62,356
	F	60,514
	M & F	122,870
15-17	M	33,609
	F	33,399
	M & F	67,008
18-19	M	14,896
	F	18,513
	M & F	33,409
20-24	M	832
	F	21,290
	M & F	22,122
25-29	M	0
	F	25,532
	M & F	25,532
30-34	M	0
	F	22,003
	M & F	22,003
35-39	M	2
	F	14,725
	M & F	14,727
40-44	M	0
	F	4,493
	M & F	4,493

Table E.3. HEDIS MY2020 CHIP Population in HPA Member Months		
Age Group	Sex	CK BC
45-49	M	0
	F	418
	M & F	418
50-54	M	0
	F	27
	M & F	27
55-59	M	0
	F	0
	M & F	0
60-64	M	0
	F	0
	M & F	0
65-69	M	0
	F	0
	M & F	0
70-74	M	0
	F	0
	M & F	0
75-79	M	0
	F	0
	M & F	0
80-84	M	0
	F	0
	M & F	0
85-89	M	0
	F	0
	M & F	0
≥90	M	0
	F	0
	M & F	0
Total	M	201,112
	F	287,222
	M & F	488,334

The HPA had the option to report ECDS measure results for HEDIS MY2020, which are presented in **Table E.4**.

Table E.4. HEDIS MY2020 HPA Rates: ECDS Measures	
Measure	CK BC
Breast Cancer Screening (BCS-E)	NA
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E):	
Initiation Phase	49.16%
Continuation and Maintenance Phase	65.00%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E):	
Depression Screening	0.01%
Follow-Up on Positive Screen	NA
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E):	
Assessment Period 1	0.00%
Assessment Period 2	0.00%
Assessment Period 3	0.00%
Total	0.00%
Depression Remission or Response for Adolescents and Adults (DRR-E):	
Follow-Up	NA
Depression Remission	NA
Depression Response	NA
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E):	
Alcohol Use Screening	0.00%
Counseling or Other Follow-up Positive Screen	NA
Adult Immunization Status (AIS-E):	
Influenza	28.00%
Td or Tdap	51.32%
Zoster	NA
Prenatal Immunization Status (PRS-E):	
Influenza	33.43%
Tdap	54.26%
Combination	28.90%
Prenatal Depression Screening and Follow-Up (PND-E):	
Depression Screening	0.00%
Follow-Up on Positive Screen	NA

Table E.4. HEDIS MY2020 HPA Rates: ECDS Measures	
Measure	CK BC
Postpartum Depression Screening and Follow-Up (PDS-E):	
Depression Screening	0.00%
Follow-Up on Positive Screen	NA